

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                          |                                 |   |                  |                                |
|-----------------------------------|--------------------------|---------------------------------|---|------------------|--------------------------------|
| Died at <u>Frostburg</u> Town     |                          | <u>Ally</u> County              |   | MARYLAND         |                                |
| Date of death                     | <u>1907</u> Month        | <u>29</u> Day                   | Age                                     | <u>70</u> Years  | <u>9</u> Months <u>24</u> Days |
| Sex                               | <u>Female</u>            | Color or Race                   | <u>White</u>                            | Birth-place      | <u>Frostburg</u>               |
| Occupation                        | <u>House wife</u>        |                                 | Where Residing if not at place of death |                  |                                |
| Married, Single or Widowed        | <u>Married</u>           | Name of <del>Wife</del> Husband | <u>Philip Arnold</u>                    |                  |                                |
| Father's Name                     | <u>Merrill Bone</u>      |                                 | Father's Birthplace                     | <u>Frostburg</u> |                                |
| Mother's Maiden Name              | <u>Francenia Holzman</u> |                                 | Mother's Birthplace                     | <u>Frostburg</u> |                                |
| Name of person giving information | <u>Edward Arnold</u>     |                                 | How related to deceased                 | <u>Son</u>       |                                |

## CAUSES OF DEATH

(120)

PHYSICIAN  
OR CORONER

|  |                                |                          |                    |
|--|--------------------------------|--------------------------|--------------------|
| Primary  | <u>Chronic Brights Disease</u> | How long                 | <u>Do not know</u> |
| Immediate  | <u>Valvular Disease Heart</u>  | How long                 | <u>Do not know</u> |
| Are the name, age, sex, color, date and place correctly given above? |                                | Signature of Physician   |                    |
| <u>Yes</u>   |                                | <u>T. L. Conroy M.D.</u> |                    |
| <u>Filed 1907</u>  |                                | Address                  |                    |
|  |                                | <u>Frostburg Md.</u>     |                    |
| Accident or Suicide?   |                                |                          |                    |

G. M.

Perry Graef

Name  
in  
Full

Anthony Beck

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                         |                           |               |                |                 |               |
|--|--|-------------------------|---------------------------|---------------|----------------|-----------------|---------------|
| Died at <i>Cumberland</i>                              |  | County <i>Allegheny</i> |                           | MARYLAND      |                |                 |               |
| Date of death  | 1907   | Month <i>March</i>      | Day <i>12</i>             | Age <i>51</i> | Years <i>2</i> | Months <i>7</i> | Days <i>9</i> |
| Sex <i>Male</i>  | Color or Race <i>White</i>                   |                         | Birth-place <i>France</i> |               |                |                 |               |
| Occupation <i>Glass Blower</i>                         | Where Residing if not at place of death      |                         |                           |               |                |                 |               |
| Married, Single or Widowed <i>Married</i>              | Name of Wife or Husband <i>Cathrine Beck</i> |                         |                           |               |                |                 |               |
| Father's Name <i>Frank Beck</i>                        | Father's Birthplace <i>France</i>            |                         |                           |               |                |                 |               |
| Mother's Maiden Name <i>Barbra Beattie</i>             | Mother's Birthplace <i>France</i>            |                         |                           |               |                |                 |               |
| Name of person giving information <i>Cathrine Beck</i> | How related to deceased <i>Wife</i>          |                         |                           |               |                |                 |               |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Cancer of Liver</i>  | How long <i>3 mo.</i>                        |
| Immediate <i>Exhaustion</i>   | How long                                     |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Dr. Thos. Koon</i> |
| <i>Stain.</i>   | Address <i>Cumberland</i>                    |
| Accident or Suicide?  | <i>Wid.</i>                                  |

Super 570 oblong

Charles-Henry  
Peter

2100

1800

Frank

John

Elmer

Reynold

Anthony

Bernard

Joseph

Marion

Name  
in  
Full

Louis Besshardt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

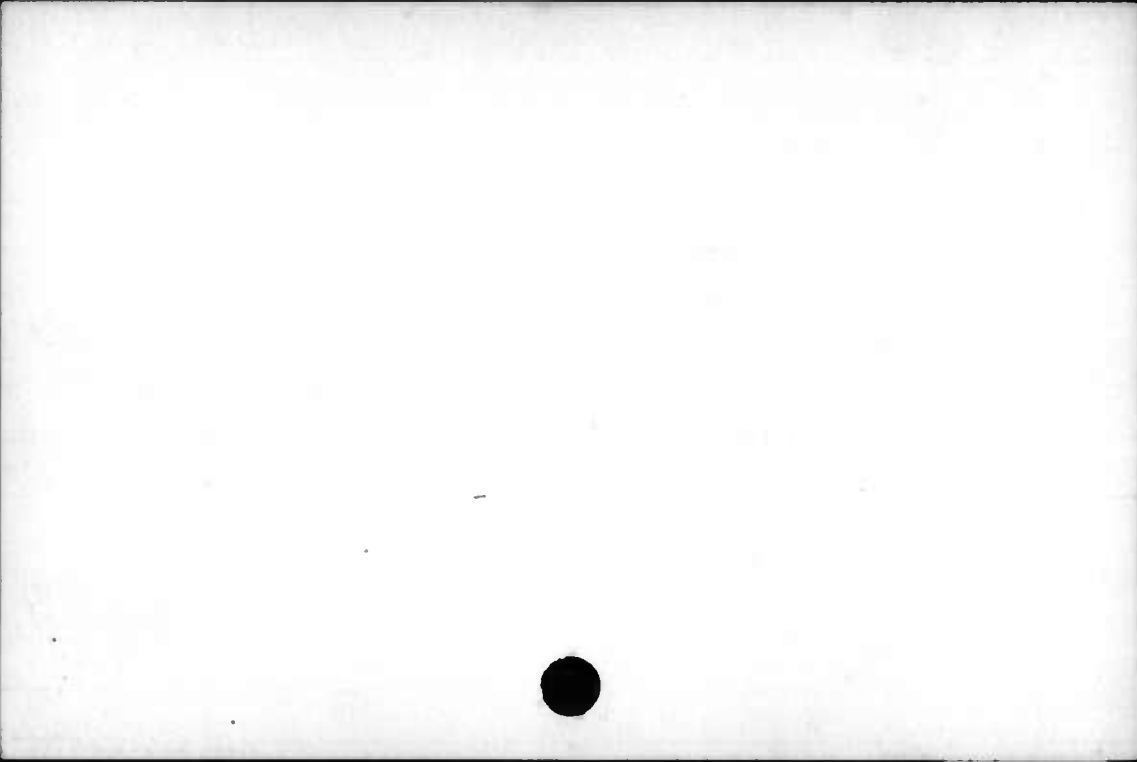
|  |  |  |               |                            |           |            |             |
|--|--|--|---------------|----------------------------|-----------|------------|-------------|
| Died at  |  | Town<br>Cumberland                         |               | County<br>Allegany         |           | MARYLAND   |             |
| Date of death  |  | 1907                                       | Month<br>Mar. | Day<br>19                  | Age<br>35 | Years<br>1 | Months<br>3 |
| Sex<br>Male  |  | Color or Race<br>White                     |               | Birth-place<br>New Jersey. |           |            |             |
| Occupation<br>Signal Inspector                       |  | Where Residing if not at place of death    |               |                            |           |            |             |
| Married, Single or Widowed<br>Married                |  | Name of Wife or Husband<br>Grace Besshardt |               |                            |           |            |             |
| Father's Name<br>Dont Know                           |  | Father's Birthplace<br>Dont Know           |               |                            |           |            |             |
| Mother's Maiden Name<br>Dont Know                    |  | Mother's Birthplace<br>"                   |               | "                          |           |            |             |
| Name of person giving information<br>Grace Besshardt |  | How related to deceased<br>Wife            |               |                            |           |            |             |

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

|  |                      |   |
|--|----------------------|---|
| Primary  | Carcinoma of Stomach | How long<br>About 18 mo.                      |
| Immediate  | Exhaustion           | How long<br>About 5 days.                     |
| Are the name, age, sex, color, date and place correctly given above?<br>Yes. |                      | Signature of Physician<br>Edward Harris, M.D. |
| Address<br>stew.<br>Cumberland   |                      | Address<br>Maryland.                          |
| Accident or Suicide?<br>No   |                      |   |



Name  
in  
Full

CERTIFICATE OF DEATH

*Mary Gertrude Borgman*

Town

County

Died at *Cumberland*

MARYLAND

Date  
of death *1907*

Month

*March*

Day

*5*

Age

Years

*76*

Months

*6*

Days

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*Germany*

Occupation

*retina house keeper*

Where Residing if not  
at place of death

*-*

Married, Single  
or Widowed

*Widow*

Name of Wife or  
Husband

*Herman Borgman*

Father's  
Name

*don't know*

Father's  
Birthplace

*Germany*

Mother's  
Maiden Name

*don't know*

Mother's  
Birthplace

*Germany*

Name of person giving  
information

*John R. Borgman*

How related  
to deceased

*Son!*

CAUSES OF DEATH

Primary

*Pulmonary Tuberculosis*

*(27)*

How long

*2 yrs.*

Immediate

*Exhaustion*

How long

*months*

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

*J. W. Jackman*

Address

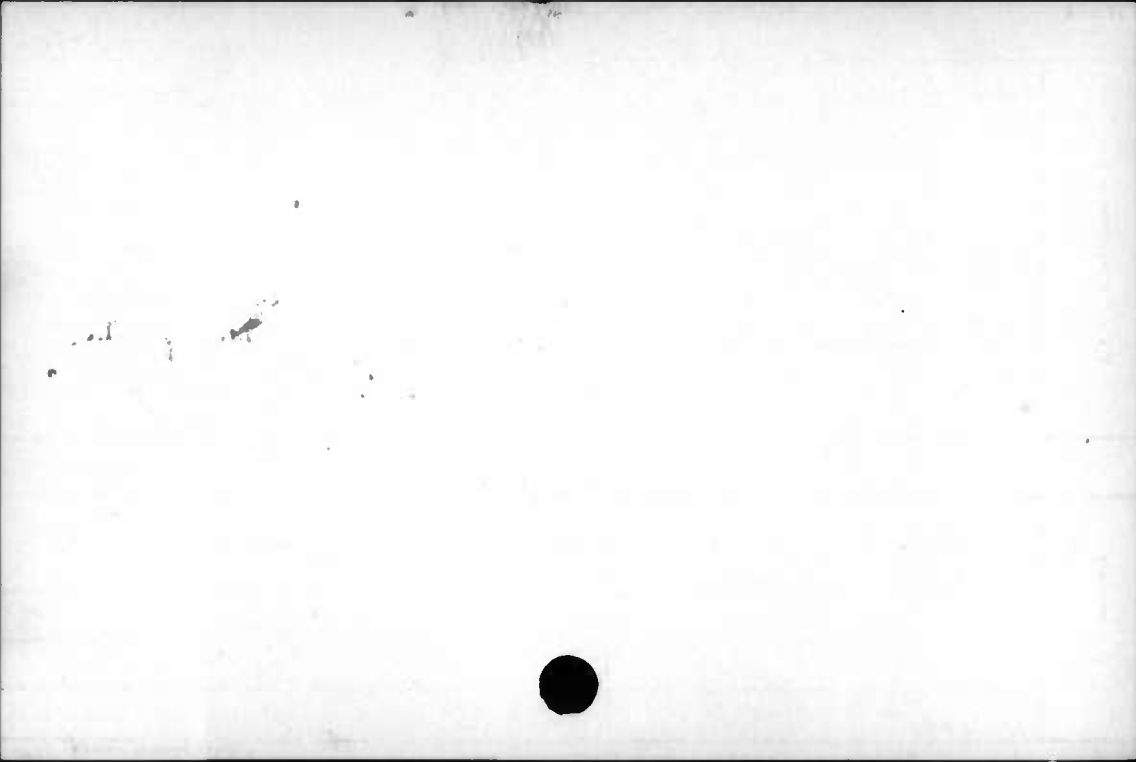
*Cumberland Md.*

Accident or Suicide?

*St. P. & P.*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



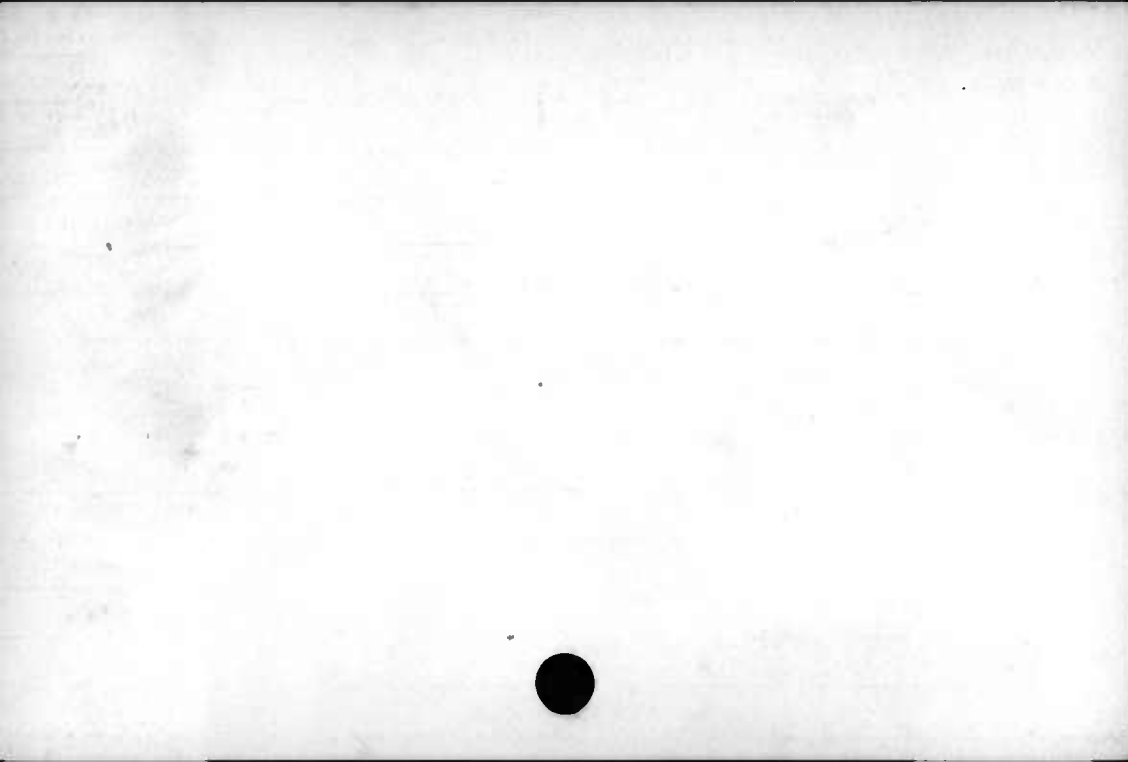


|                                   |  |                         |   |                        |            |
|-----------------------------------|--|-------------------------|---|------------------------|------------|
| Name in Full                      |  | George Bretner          |   | CERTIFICATE OF DEATH   |            |
| TO BE ANSWERED BY NEAREST FRIEND  | Died at  | Frostburg               |   | Allegany               |            |
|                                   | Date of death  | 1907                    | Month                                   | March                  | Day        |
|                                   | Sex  | Male                    | Color or Race                           | White                  | Birthplace |
|                                   | Occupation   | Miner                   | Where Residing if not at place of death |                        |            |
|                                   | Married, Single or Widowed   | Single                  | Name of Wife or Husband                 |                        |            |
|                                   | Father's Name  | George Bretner          | Father's Birthplace                     |                        |            |
|                                   | Mother's Maiden Name   | Anna E. Rubling         | Mother's Birthplace                     |                        |            |
| Name of person giving information | Bernard Chambers   | How related to deceased |   |                        |            |
| CAUSES OF DEATH                   |  |                         |   |                        |            |
| PHYSICIAN OR CORONER              | Primary  | Typhoid fever           |   | How long               |            |
|                                   | Immediate  | Exhaustion              |   | How long               |            |
|                                   | Are the name, age, sex, color, date and place correctly given above? |                         | Yes                                     | Signature of Physician |            |
|                                   |  |                         | No                                      | Address                |            |
|                                   | Accident or Suicide?   |                         | No                                      | J. A. Cober            |            |

LIBRARY BUREAU A88516



| Name in Full                        |   | Certificate of Death                                    |   |  |              |                             |
|-------------------------------------|---|---|---|--|--------------|-----------------------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND |   | Died at <u>Cumberland</u>                               |   | County <u>Allegheny</u>                          |              |                             |
|                                     |   | Date of death <u>1907</u>                               |   | Month <u>Mar</u>                                 | Day <u>5</u> | Age <u>46</u>               |
|                                     |   | Sex <u>Male</u>   |   | Color or Race <u>White</u>                       |              | Birth-place <u>Scotland</u> |
|                                     |   | Occupation <u>Miner</u>                                 |   | Where Residing if not at place of death <u>—</u> |              |                             |
|                                     |   | Married, Single or Widowed <u>Married</u>               |   | Name of Wife or Husband <u>Margarette Brown</u>  |              |                             |
|                                     |   | Father's Name <u>John Brown</u>                         |   | Father's Birthplace <u>Scotland</u>              |              |                             |
|                                     |   | Mother's Maiden Name <u>Isabelle Martin</u>             |   | Mother's Birthplace <u>Scotland</u>              |              |                             |
|                                     |   | Name of person giving information <u>Thos. C. Brown</u> |   | How related to deceased <u>Son</u>               |              |                             |
| CAUSES OF DEATH                     |   |   |   |  |              |                             |
| PHYSICIAN OR CORONER                | Primary <u>Injury</u>   |   | How long <u>24 hours</u>                  |  |              |                             |
|                                     | Immediate <u>Internal hemorrhage</u>  |   | How long <u>2 hours</u>                   |  |              |                             |
|                                     | Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> |   | Signature of Physician <u>J. M. Spear</u> |  |              |                             |
|                                     | Fractured femur, fractured leg, crushed foot, internal injuries.                |   | Address <u>Cumberland</u>                 |  |              |                             |
|                                     | Accident or Suicide? <u>Accidental</u>  |   | <u>Md</u>                                 |  |              |                             |



Name  
in  
Full

George B Brown.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |   |                        |                               |                |                 |               |
|--|---|------------------------|-------------------------------|----------------|-----------------|---------------|
| Died at <i>near Cumberland</i>                         |   | County <i>Allegany</i> |                               | MARYLAND       |                 |               |
| Date of death <i>1907</i>                              | Month <i>March</i>                                      | Day <i>4</i>           | Age <i>42</i>                 | Years <i>-</i> | Months <i>-</i> | Days <i>-</i> |
| Sex <i>male</i>  | Color or Race <i>White</i>                              |                        | Birth-place <i>N.Y. State</i> |                |                 |               |
| Occupation <i>Farmer</i>                               | Where Residing if not at place of death <i>-</i>        |                        |                               |                |                 |               |
| Married, Single or Widowed <i>Married</i>              | Name of Wife or <del>Husband</del> <i>Mary E. Brown</i> |                        |                               |                |                 |               |
| Father's Name <i>don't know</i>                        | Father's Birthplace <i>Don't know</i>                   |                        |                               |                |                 |               |
| Mother's Maiden Name <i>Sarah Jane</i>                 | Mother's Birthplace <i>"</i>                            |                        |                               |                |                 |               |
| Name of person giving information <i>J A Stegmeier</i> | How related to deceased <i>none</i>                     |                        |                               |                |                 |               |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |                                |
|---|---|--------------------------------|
| Primary <i>Endocarditis</i>   | <i>(78)</i>                                     | How long <i>Seven months</i>   |
| Immediate <i>Exhaustion</i>   |   | How long <i>3 days</i>         |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>W. R. Hodges M.D.</i> | Address <i>Cumberland, Md.</i> |
| <i>stain.</i>   |   |                                |
| Accident or Suicide? <i>Mr Herman</i> ✓   |   |                                |



Name  
in  
Full

George Buckle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Moscow Town Allegany County MARYLAND

Date of death 1907 Month March Day 19 Age 74 Years Months — Days —

Sex Male Color or Race White Birth-place England

Occupation Miner Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Ann Rawlings

Father's Name Wm. Buckle Father's Birthplace England

Mother's Maiden Name Ann Osborn Mother's Birthplace England

Name of person giving information Mrs. Buckle How related to deceased Wife

## CAUSES OF DEATH

Primary Chronic Bronchitis (91) How long 2 yrs

Immediate Inanition - How long 2 months -

Are the name, age, sex, color, date and place correctly given above?

yes

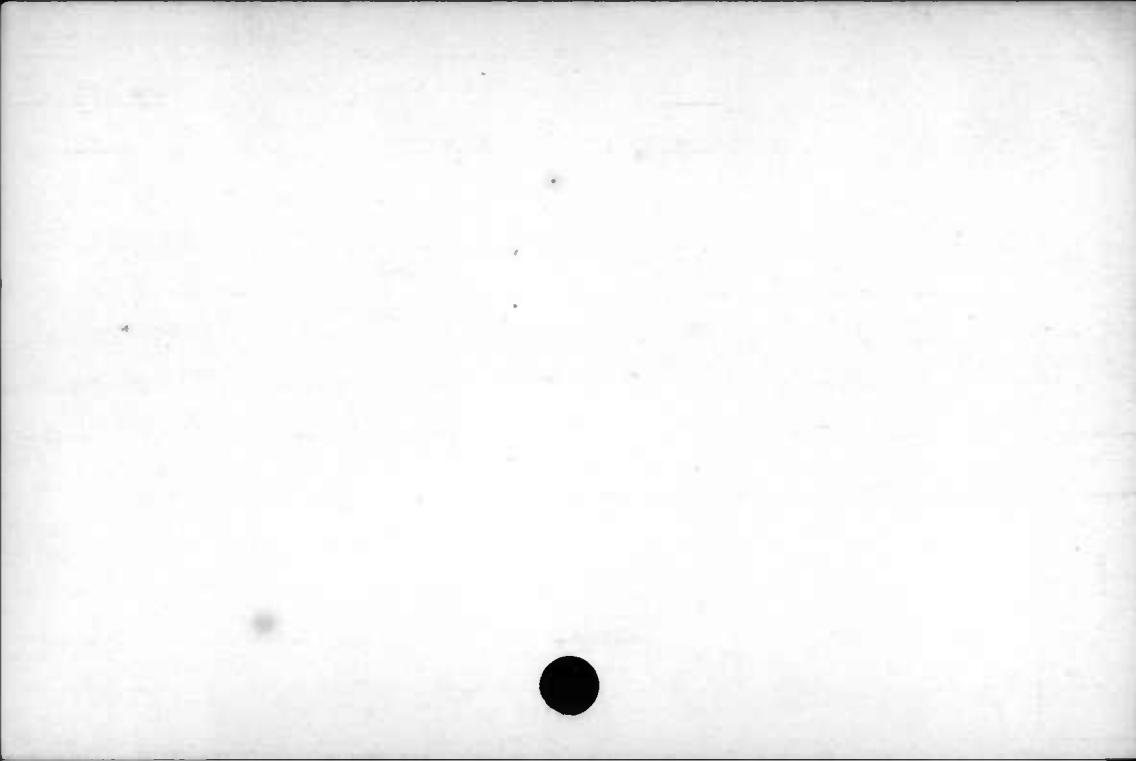
Signature of Physician

Address

Jos. O. Bullock D.D.  
Freemasonry B of E -Freemasonry Maryland

Accident or Suicide?

NoPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |   |  |  |  |                          |  |
|--|--|---|--|--|--|--------------------------|--|
| Name in Full<br><i>Wm. W. Burrall</i>                    |  | Town<br><i>Cumtland</i>                     |  | County<br><i>Allegheny</i>                       |  | State<br><i>MARYLAND</i> |  |
| Died at<br><i>Cumtland</i>                               |  | Month<br><i>Mar.</i>                        |  | Day<br><i>26</i>                                 |  | Age<br><i>56</i>         |  |
| Date of death<br><i>1907</i>                             |  | Months<br><i>6</i>                          |  | Years<br><i>5</i>                                |  | Days<br><i>5</i>         |  |
| Sex<br><i>Male</i>                                       |  | Color or Race<br><i>White</i>               |  | Birth-place<br><i>Cumtland</i>                   |  |                          |  |
| Occupation<br><i>Butcher</i>                             |  |   |  | Where Residing if not at place of death<br>_____ |  |                          |  |
| Married, Single or Widowed<br><i>Single</i>              |  | Name of Wife or Husband<br>_____            |  |  |  |                          |  |
| Father's Name<br><i>John W. Burrall</i>                  |  | Father's Birthplace<br><i>Frederick Co.</i> |  |  |  |                          |  |
| Mother's Maiden Name<br><i>Mary Althoff</i>              |  | Mother's Birthplace<br><i>Cumtland</i>      |  |  |  |                          |  |
| Name of person giving information<br><i>Mary Burrall</i> |  | How related to deceased<br><i>Mother</i>    |  |  |  |                          |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |   |                               |
|--|---|-------------------------------|
| Primary<br><i>Nephritis.</i>   | <i>(120)</i>  | How long<br><i>6 or 8 mo.</i> |
| Immediate<br><i>Exhaustion</i>   |   | How long                      |
| Are the name, age, sex, color, date and place correctly given above?<br><i>Yes</i> | Signature of Physician<br><i>Dr. Thos. McDonald</i> |                               |
| <i>stint.</i>  | Address<br><i>Cumtland Md</i>                       |                               |
| Accident or Suicide?   |   |                               |

Sep 30. 1860

|                                  |  |                   |              |           |   |                      |          |           |             |             |
|----------------------------------|--|-------------------|--------------|-----------|---|----------------------|----------|-----------|-------------|-------------|
| Name in Full                     |  | John Davis Connor |              |           |   | CERTIFICATE OF DEATH |          |           |             |             |
| TO BE ANSWERED BY NEAREST FRIEND | Died at  |                   | Town Eckhart |           | County Alleg                            |                      | MARYLAND |           |             |             |
|                                  | Date of death  |                   | 1907         | Month Mar | Day 9                                   | Age                  | Years    | Months 10 | Days        |             |
|                                  | Sex  |                   | M.           |           | Color or Race                           |                      | White    |           | Birth-place | Eckhart Ind |
|                                  | Occupation   |                   |              |           | Where Residing if not at place of death |                      |          |           |             |             |
|                                  | Married, Single or Widowed   |                   |              |           | Name of Wife or Husband                 |                      |          |           |             |             |
|                                  | Father's Name  |                   |              |           | Father's Birthplace                     |                      |          |           |             |             |
| PHYSICIAN OR CORONER             | Mother's Maiden Name   |                   |              |           | Mother's Birthplace                     |                      |          |           |             |             |
|                                  | Name of person giving information                                    |                   |              |           | How related to deceased                 |                      |          |           |             |             |
|                                  | CAUSES OF DEATH  |                   |              |           |   |                      | (10)     |           |             |             |
|                                  | Primary  |                   |              |           | How long                                |                      |          |           |             |             |
|                                  | Immediate  |                   |              |           | How long                                |                      |          |           |             |             |
|                                  | Are the name, age, sex, color, date and place correctly given above? |                   |              |           | Signature of Physician                  |                      |          |           |             |             |
|                                  |  |                   |              | Address   |   |                      |          |           |             |             |
| Accident or Suicide?             |  |                   |              |           |   |                      |          |           |             |             |

Esom

Esplanade Cambridge

|  |  |   |     |             |        |                      |  |
|--|--|---|-----|-------------|--------|----------------------|--|
| Name in Full   |  | Guiseppin Casarelli                     |     |             |        | CERTIFICATE OF DEATH |  |
| Died at  |  | Town                                    |     | County      |        | MARYLAND             |  |
| Date of death  |  | Month                                   | Day | Years       | Months | Days                 |  |
| 1907   |  | March                                   | 24  | 24          |        |                      |  |
| Sex  |  | Color or Race                           |     | Birth-place |        |                      |  |
| male   |  | Italian                                 |     | Italy       |        |                      |  |
| Occupation   |  | Where Residing if not at place of death |     |             |        |                      |  |
| Laborer  |  | Thomas Ave                              |     |             |        |                      |  |
| Married, Single or Widowed   |  | Name of Wife or Husband                 |     |             |        |                      |  |
| Do Not Know  |  | Do Not Know                             |     |             |        |                      |  |
| Father's Name  |  | Father's Birthplace                     |     |             |        |                      |  |
| Do Not Know  |  | Italy                                   |     |             |        |                      |  |
| Mother's Maiden Name   |  | Mother's Birthplace                     |     |             |        |                      |  |
| Do Not Know  |  | Italy                                   |     |             |        |                      |  |
| Name of person giving information                                    |  | How related to deceased                 |     |             |        |                      |  |
| Gave what we had heard   |  |   |     |             |        |                      |  |
| CAUSES OF DEATH  |  |   |     |             |        |                      |  |
| Primary  |  | How long                                |     |             |        |                      |  |
| Typhoid Fever  |  | 2 weeks                                 |     |             |        |                      |  |
| Immediate  |  | How long                                |     |             |        |                      |  |
| Toxemia  |  | gradual                                 |     |             |        |                      |  |
| Are the name, age, sex, color, date and place correctly given above? |  | Signature of Physician                  |     |             |        |                      |  |
| yes  |  | E. J. Blahut                            |     |             |        |                      |  |
|  |  | Address                                 |     |             |        |                      |  |
|  |  | Cumberland                              |     |             |        |                      |  |
| Accident or Suicide?   |  |   |     |             |        |                      |  |
|  |  |   |     |             |        |                      |  |

G.S.B.

| Name in Full   |   | George Thomas Crowe  |   |                               |                                | CERTIFICATE OF DEATH |                          |
|--|---|--|---|-------------------------------|--------------------------------|----------------------|--------------------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND                        | Died at <i>Cumberland</i>   |  | Town <i>Allegany</i>                      |                               | County                         |                      | STATE OF <i>MARYLAND</i> |
|  | Date of death <i>1907</i>   | Month <i>Mar</i>   | Day <i>26</i>                             | Age <i>15</i>                 | Years                          | Months               | Days                     |
|  | Sex <i>Male</i>   | Color or Race <i>White</i>                                   |   | Birth-place <i>Mt. Savage</i> |                                |                      |                          |
|  | Occupation <i>Miner</i>   | Where Residing if not at place of death <i>Foosburg, Md.</i> |   |                               |                                |                      |                          |
|  | Married, Single or Widowed <i>Single</i>  | Name of Wife or Husband                                      |   |                               |                                |                      |                          |
|  | Father's Name <i>Sylvester Porter Crowe</i>                                     | Father's Birthplace <i>Borden Minn.</i>                      |   |                               |                                |                      |                          |
|  | Mother's Maiden Name <i>Blanch McNolta</i>                                      | Mother's Birthplace <i>Maryland</i>                          |   |                               |                                |                      |                          |
| Name of person giving information <i>Jno S Crowe</i>       | How related to deceased <i>Nephew</i>   |  |   |                               |                                |                      |                          |
| CAUSES OF DEATH  |   |  |   |                               |                                |                      |                          |
| PHYSICIAN OR CORONER                                       | Primary <i>Appendicitis</i>   | <b>118</b>   |   | How long <i>5 days</i>        |                                |                      |                          |
|  | Immediate <i>Exhaustion</i>   |  |   | How long <i>12 hours</i>      |                                |                      |                          |
|  | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> |  | Signature of Physician <i>J. M. Spear</i> |                               | Address <i>Cumberland, Md.</i> |                      |                          |
|  |   |  |   |                               |                                |                      |                          |
| <input checked="" type="checkbox"/> Accidental or Suicide? |   |  |   |                               |                                |                      |                          |

G. M.

Posten brennend



Name  
in  
Full

Mary Ann Deromone

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> *Radclings* <sup>County</sup> *Allegany*

Date of death 190 <sup>Month</sup> *March* <sup>Day</sup> *8* Age <sup>Years</sup> *39* <sup>Months</sup> *one* <sup>Days</sup>

Sex *Female* Color or Race *White* Birth-place *Maryland*

Married, Single or Widowed *Married* Occupation *Housewife*

Name of Wife or Husband *Frederick Deromone*

Father's Name *Theo W Dawson* Father's Birthplace *Ind*

Mother's Maiden Name *Susan C Taylor* Mother's Birthplace *W Va*

Name of person giving information *George M Robinson* How related to deceased *none*

## CAUSES OF DEATH

Primary

*Consumption*

How long

*27* *an year*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

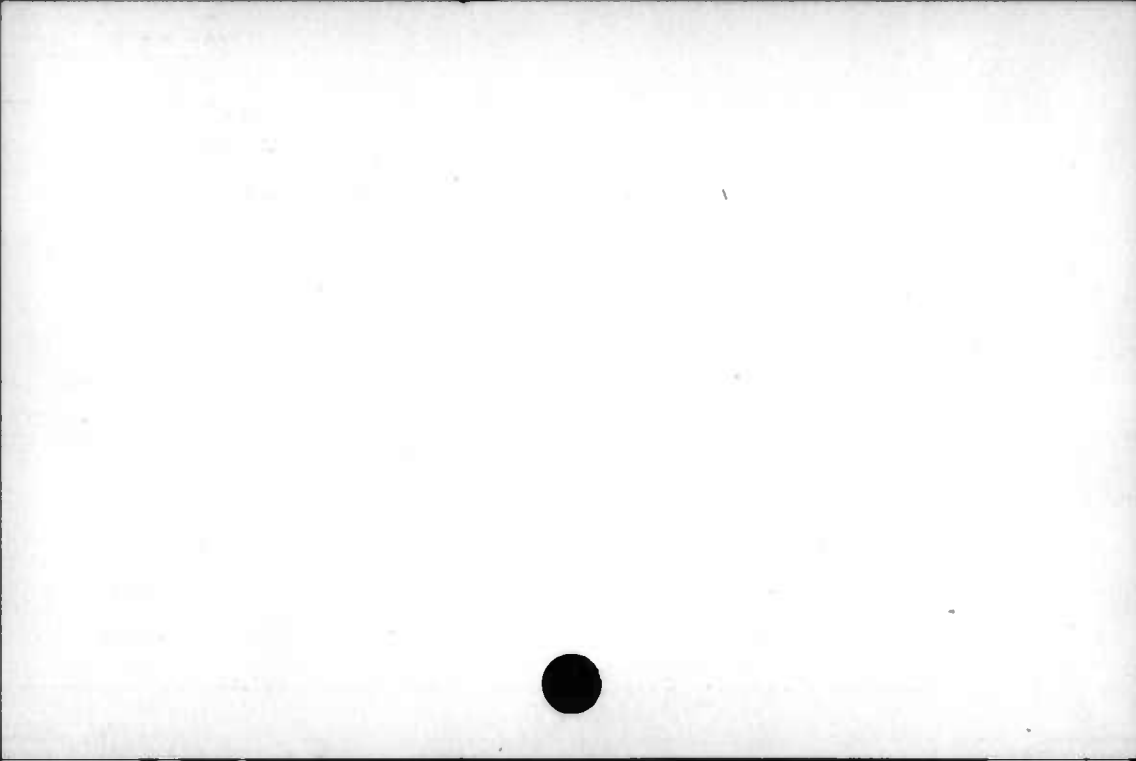
*Robt. Gerstee, M.D.*

Address

*Keyser W. Va*

Accident or Suicide?

*Edw. C. Cressap Sub Registrar*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |  |   |     |             |       |          |      |
|-----------------------------------|--|---|-----|-------------|-------|----------|------|
| Died at                           |  | Town                                    |     | County      |       | MARYLAND |      |
| Date of death                     |  | Month                                   | Day | Age         | Years | Months   | Days |
| 1907                              |  | March                                   | 20  | 77          | 77    |          |      |
| Sex                               |  | Color or Race                           |     | Birth-place |       |          |      |
| Male                              |  | White                                   |     | Ireland     |       |          |      |
| Occupation                        |  | Where Residing if not at place of death |     |             |       |          |      |
| Miner                             |  |   |     |             |       |          |      |
| Married, Single or Widowed        |  | Name of Wife or <del>husband</del>      |     |             |       |          |      |
| Married                           |  | Hanna Kelly                             |     |             |       |          |      |
| Father's Name                     |  | Father's Birthplace                     |     |             |       |          |      |
| Dorothy Donahue                   |  | Ireland                                 |     |             |       |          |      |
| Mother's Maiden Name              |  | Mother's Birthplace                     |     |             |       |          |      |
| Morgan                            |  | Ireland                                 |     |             |       |          |      |
| Name of person giving information |  | How related to deceased                 |     |             |       |          |      |
| John Donahue                      |  | Son                                     |     |             |       |          |      |

## CAUSES OF DEATH

18

PHYSICIAN  
OR CORONER

|  |                        |
|--|------------------------|
| Primary  | How long               |
| Facial Erysipelas  | 10 days                |
| Immediate  | How long               |
| Peritonitis  | 48 hours               |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |
| yes  | W. Q. Skilling         |
|  | Address                |
|  | Louiseville            |
| Accident or Suicide?   | (over) ✓               |
| no   |                        |

Christian name of John Vardue's mother is  
supposed to have been Mary Sullivan. I can obtain  
no definite information on the subject. His son  
told me it was more.

Yours, &c.

M. L. Shilling

Name  
in  
Full

Christina Dredley

## CERTIFICATE OF DEATH

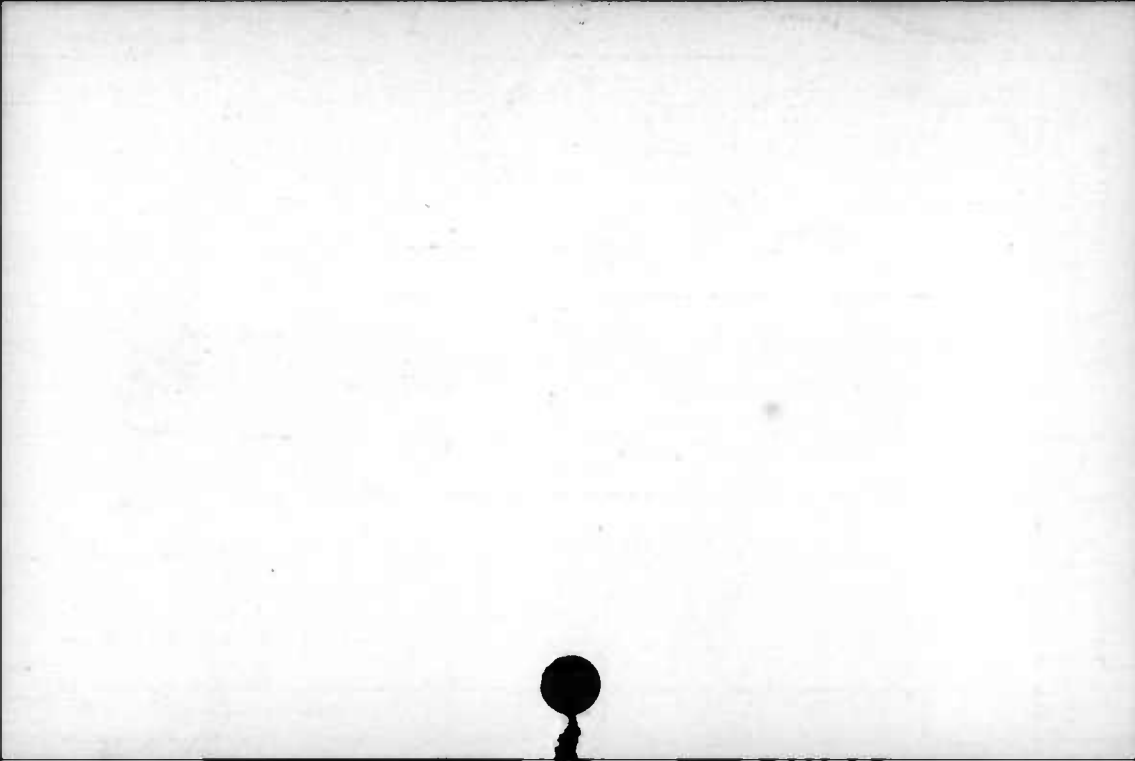
TO BE ANSWERED BY  
NEAREST FRIEND

|   |                                   |  |                                   |                           |                              |
|---|-----------------------------------|--|-----------------------------------|---------------------------|------------------------------|
| Died at <b>Eckleak</b> <small>Town</small>                            |                                   | <b>Allegheny</b> <small>County</small>               |                                   | <b>MARYLAND</b>           |                              |
| <b>Date</b><br>of death <b>1907</b>                                   | <b>Month</b><br><b>3</b>          | <b>Day</b><br><b>2</b>                               | <b>Age</b><br><b>94</b>           | <b>Years</b><br><b>94</b> | <b>Months</b><br><b>Days</b> |
| <b>Sex</b><br><b>female</b>   | <b>Color or Race</b><br><b>W.</b> |  | <b>Birth-place</b><br><b>Ind.</b> |                           |                              |
| <b>Occupation</b><br><b>H.C.U.</b>                                    |                                   | <b>Where Residing if not at place of death</b><br>—  |                                   |                           |                              |
| <b>Married, Single or Widowed</b><br><b>widow</b>                     |                                   | <b>Name of Wife or Husband</b><br><b>Sam Dredley</b> |                                   |                           |                              |
| <b>Father's Name</b><br>—   |                                   | <b>Father's Birthplace</b><br><b>Germany</b>         |                                   |                           |                              |
| <b>Mother's Maiden Name</b><br>—                                      |                                   | <b>Mother's Birthplace</b><br><b>h</b>               |                                   |                           |                              |
| <b>Name of person giving information</b><br><b>Miss Mary Thompson</b> |                                   | <b>How related to deceased</b><br><b>daughter</b>    |                                   |                           |                              |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| <b>Primary</b><br><b>Lunatic</b>  | <b>How long</b><br>—                                |
| <b>Immediate</b><br><b>of old age</b>                                       | <b>How long</b><br><b>5 days</b>                    |
| <b>Are the name, age, sex, color, date and place correctly given above?</b> | <b>Signature of Physician</b><br><b>J. M. Brier</b> |
|   | <b>Address</b><br><b>Frostburg, Ind.</b>            |
| <b>Accident or Suicide?</b>   |   |



Name  
in  
Full

## CERTIFICATE OF DEATH

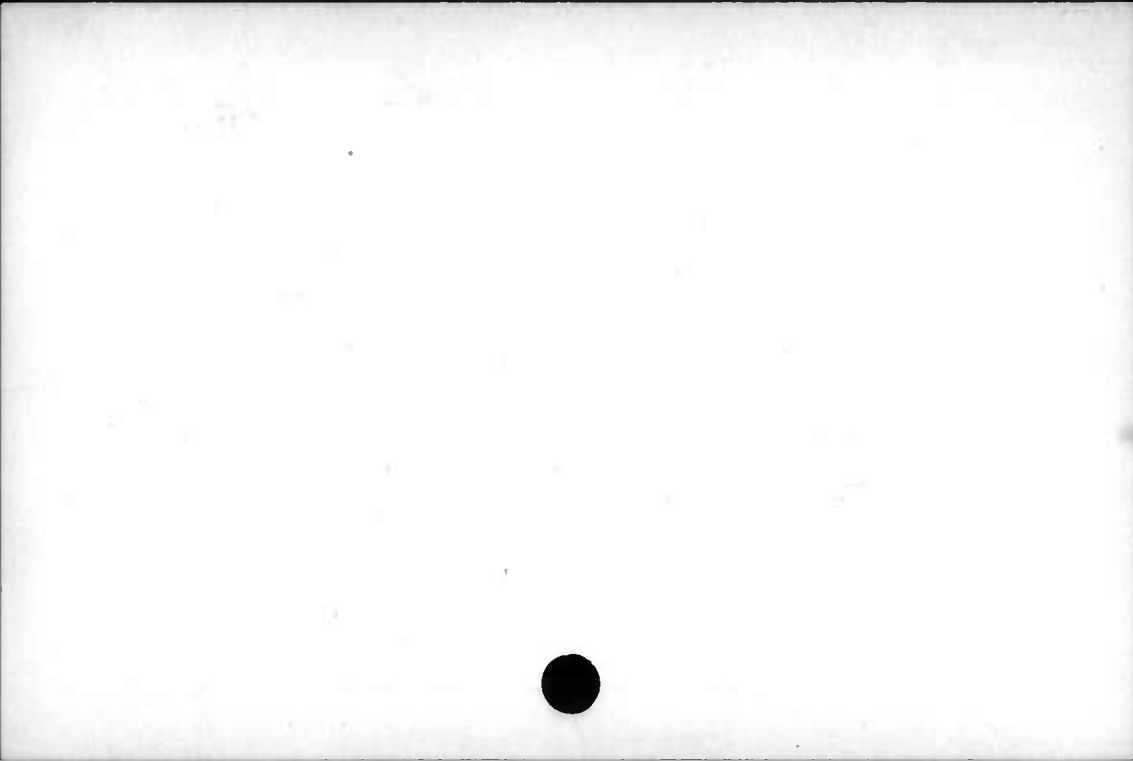
TO BE ANSWERED BY  
NEAREST FRIEND

|   |                            |                         |                                       |                 |                |
|---|----------------------------|-------------------------|---------------------------------------|-----------------|----------------|
| Died at <i>Barton</i> Town                          |                            | <i>Allegheny</i> County |                                       | MARYLAND        |                |
| Date of death 1907                                  | Month <i>Mar</i>           | Day <i>28</i>           | Age <i>2</i>                          | Months <i>1</i> | Days <i>21</i> |
| Sex <i>Male</i>                                     | Color or Race <i>White</i> |                         | Birth-place <i>Allegh Co</i>          |                 |                |
| Married, Single or Widowed <i>L</i>                 |                            |                         | Occupation <i>L</i>                   |                 |                |
| Name of Wife or Husband <del><i>James Dye</i></del> |                            |                         | <i>L</i>                              |                 |                |
| Father's Name <i>James Dye</i>                      |                            |                         | Father's Birthplace <i>Allegh Co</i>  |                 |                |
| Mother's Maiden Name <i>Mary Horitz</i>             |                            |                         | Mother's Birthplace <i>Allegh Co</i>  |                 |                |
| Name of person giving information <i>James Dye</i>  |                            |                         | How related to deceased <i>Father</i> |                 |                |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |                                 |
|--|--|---------------------------------|
| Primary  | <i>Powder explosion</i>                  | <i>166</i><br>How long <i>L</i> |
| Immediate  |  | How long <i>L</i>               |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>A. Boncher</i> |                                 |
|  | Address <i>A. Boncher</i>                |                                 |
| Accident or Suicide?   | <i>Accident</i> ✓                        |                                 |





Name  
in  
Full

Le Poi Dye

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

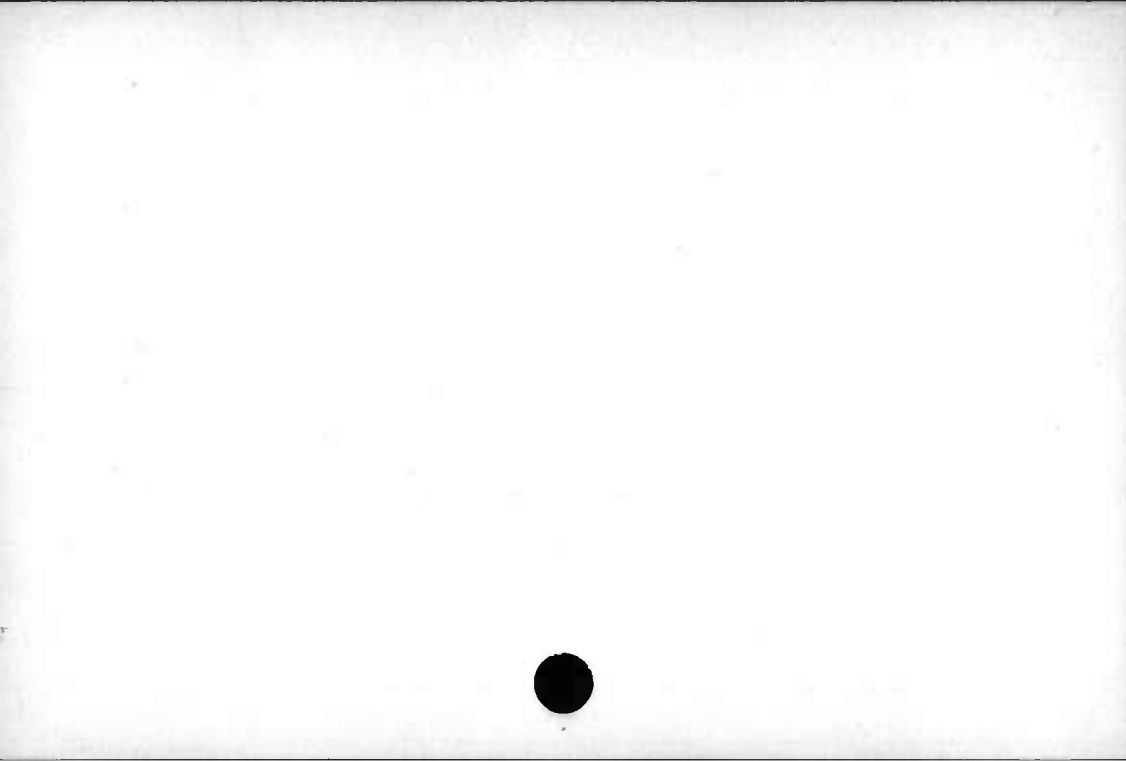
|  |                            |                         |  |                 |                |
|--|----------------------------|-------------------------|--|-----------------|----------------|
| Died at <i>Barton</i>                              |                            | County <i>Allegheny</i> |  | MARYLAND        |                |
| Date of death 190                                  | Month <i>Mar</i>           | Day <i>28</i>           | Age Years <i>3</i>                         | Months <i>1</i> | Days <i>13</i> |
| Sex <i>Male</i>                                    | Color or Race <i>White</i> |                         | Birth-place <i>Allegh. Co</i>              |                 |                |
| Married, Single or Widowed <i>L</i>                |                            |                         | Occupation <i>L</i>                        |                 |                |
| Name of Wife or Husband <i>L</i>                   |                            |                         |  |                 |                |
| Father's Name <i>Thomas Munn</i>                   |                            |                         | Father's Birthplace <i>Allegh Co</i>       |                 |                |
| Mother's Name <i>Emma Dye</i>                      |                            |                         | Mother's Birthplace <i>Allegh Co</i>       |                 |                |
| Name of person giving information <i>James Dye</i> |                            |                         | How related to deceased <i>Grandfather</i> |                 |                |

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

|  |                         |  |
|--|-------------------------|--|
| Primary  | <i>Powder explosion</i> | How long <i>L</i>                        |
| Immediate  |                         | How long <i>L</i>                        |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i>              | Signature of Physician <i>A. Boncher</i> |
|  |                         | Address <i>Barton</i>                    |
| Accident or Suicide?   | <i>Accident</i>         |  |



Name

in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |                            |                                      |  |                |                 |
|--|----------------------------|--------------------------------------|--|----------------|-----------------|
| Died at <i>Cumberland</i> <sup>Town</sup>                |                            | <i>Allegheny</i> <sup>County</sup>   |  | MARYLAND       |                 |
| Date of death <i>1907</i>                                | Month <i>Mar</i>           | Day <i>15</i>                        | Age <i>1</i>   | Years <i>5</i> | Months <i>5</i> |
| Sex <i>Male</i>  | Color or Race <i>White</i> |                                      | Birth-place <i>Md</i>                                |                |                 |
| Occupation <i>none</i>                                   |                            |                                      | Where Residing if not at place of death <i>_____</i> |                |                 |
| Married, Single or Widowed <i>Single</i>                 |                            | Name of Wife or Husband <i>Smith</i> |  |                |                 |
| Father's Name <i>Henry J. Cirick</i>                     |                            |                                      | Father's Birthplace <i>Md</i>                        |                |                 |
| Mother's Maiden Name <i>Sarah E. Harris</i>              |                            |                                      | Mother's Birthplace <i>Md</i>                        |                |                 |
| Name of person giving information <i>Henry J. Cirick</i> |                            |                                      | How related to deceased <i>Father</i>                |                |                 |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |                          |
|---|--|--------------------------|
| Primary <i>Measles</i>  | <i>(6)</i>                                   | How long <i>One week</i> |
| Immediate <i>Pneumonia</i>  |  | How long <i>2 days</i>   |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. M. Johnston</i> |                          |
| <i>Stein</i>  | Address <i>Cumberland Md</i>                 |                          |
| Accident or Suicide? <i>_____</i>   |  |                          |



Name  
in  
Full

## CERTIFICATE OF DEATH

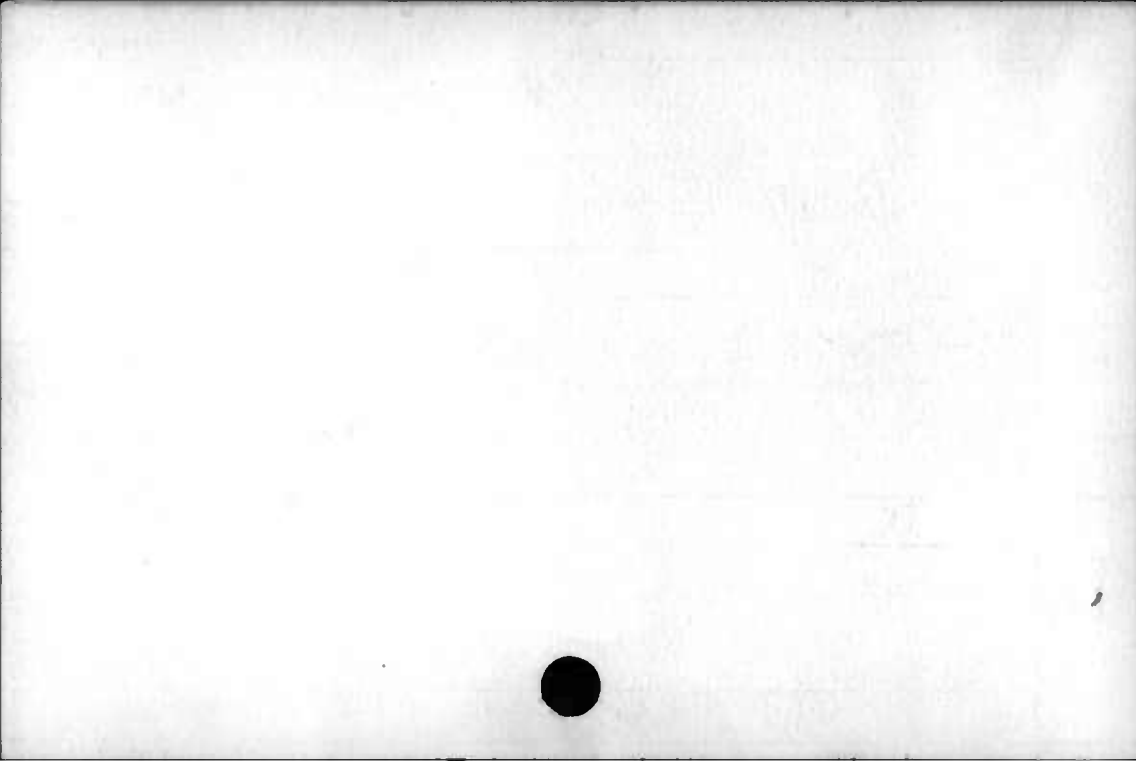
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |  |  |                                |  |                   |  |
|---|--|--|--|--------------------------------|--|-------------------|--|
| Name in Full<br><i>Lycurgus F. Gurley</i>                     |  | Town<br><i>Dickens</i>                                 |  | County<br><i>Allegany</i>      |  | MARYLAND          |  |
| Died<br><i>1907</i>   |  | Month<br><i>March</i>                                  |  | Day<br><i>27</i>               |  | Age<br><i>66</i>  |  |
| Date of death   |  | Months<br><i>8</i>                                     |  | Years<br><i>10</i>             |  | Days<br><i>10</i> |  |
| Sex<br><i>Male</i>  |  | Color or Race<br><i>White</i>                          |  | Birth-place<br><i>Maryland</i> |  |                   |  |
| Occupation<br><i>Farmer</i>                                   |  | Where Residing if not at place of death<br><i>Home</i> |  |                                |  |                   |  |
| Married, Single or Widowed<br><i>Widowed</i>                  |  | Name of Wife or Husband<br><i>Are Anna Gurley</i>      |  |                                |  |                   |  |
| Father's Name<br><i>Thomas W. Gurley</i>                      |  | Father's Birthplace<br><i>Penna.</i>                   |  |                                |  |                   |  |
| Mother's Maiden Name<br><i>Amanda Still</i>                   |  | Mother's Birthplace<br><i>Ind.</i>                     |  |                                |  |                   |  |
| Name of person giving information<br><i>Charles R. Gurley</i> |  | How related to deceased<br><i>Son</i>                  |  |                                |  |                   |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                 |  |             |
|--|-----------------|--|-------------|
| Primary  | <i>Apoplexy</i> | How long   | <i>(64)</i> |
| Immediate  | <i>gras</i>     | How long   |             |
| Are the name, age, sex, color, date and place correctly given above? |                 | Signature of Physician<br><i>G. H. Martz Coroner</i> |             |
|  |                 | Address<br><i>Chimberland, Md.</i>                   |             |
| Accident or Suicide?   |                 | <i>✓ 72 Independent St.</i>                          |             |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

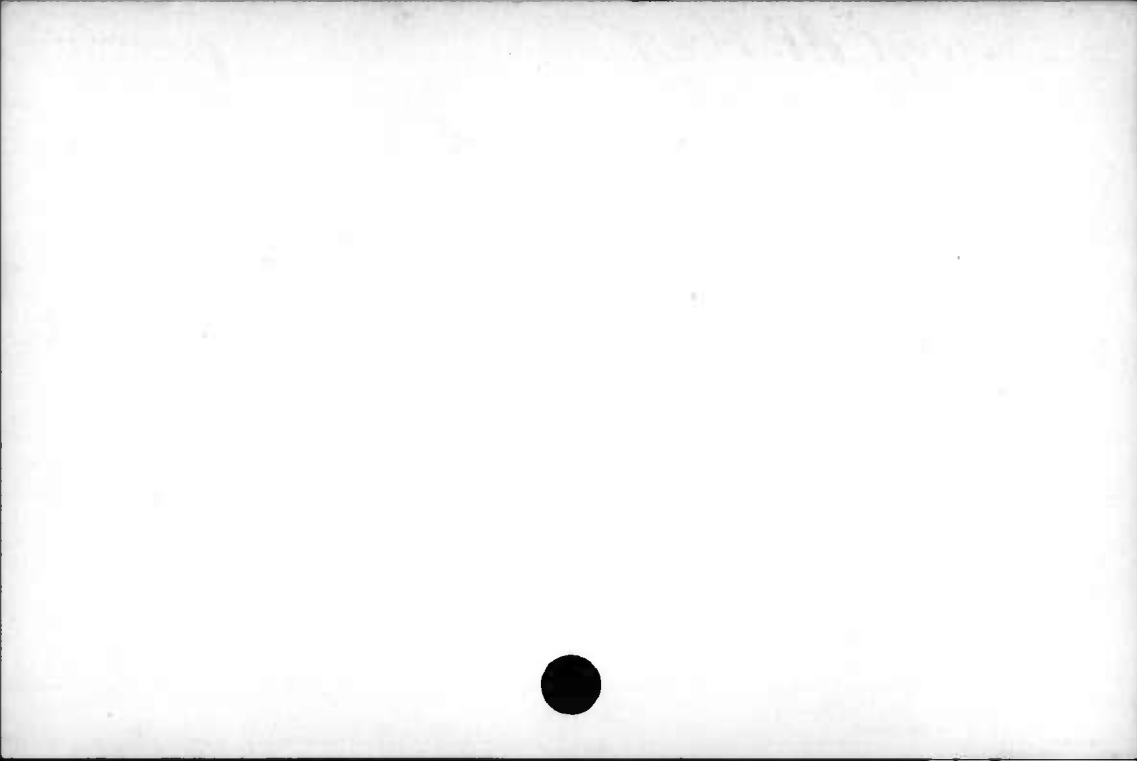
MARYLAND

|   |   |                            |               |       |                 |                |
|---|---|----------------------------|---------------|-------|-----------------|----------------|
| Died at <i>Cumberland</i>                           |   | County                     |               |       |                 |                |
| Date of death <i>1907</i>                           | Month <i>March</i>  | Day <i>17</i>              | Age <i>54</i> | Years | Months <i>7</i> | Days <i>14</i> |
| Sex <i>Male</i>                                     | Color or Race <i>White</i>                                      | Birth-place <i>Germany</i> |               |       |                 |                |
| Occupation <i>Carpenter</i>                         | Where Residing if not at place of death                         |                            |               |       |                 |                |
| Married, Single or Widowed <i>Married</i>           | Name of Wife or Husband <i>Mrs Annie Catharine Smith Hensel</i> |                            |               |       |                 |                |
| Father's Name <i>John August Hensel Sr.</i>         | Father's Birthplace <i>Germany</i>                              |                            |               |       |                 |                |
| Mother's Maiden Name <i>Lehman</i>                  | Mother's Birthplace <i>Germany</i>                              |                            |               |       |                 |                |
| Name of person giving information <i>Ida Palmer</i> | How related to deceased <i>Daughter</i>                         |                            |               |       |                 |                |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Exposure + Intemperance</i>  | How long <i>1 Mo. or more</i>                      |
| Immediate <i>Pneumonia</i>  | How long <i>1 week</i>                             |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>W. L. Broadbent M.D.</i> |
| <i>S.S.</i>   | Address <i>Cumberland Md.</i>                      |
| Accident or Suicide? <i>No</i>  | <i>✓</i>   |





Name  
in  
Full

## CERTIFICATE OF DEATH

Richard Hipp

Town

County

Died at Cumberland

Allegheny

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

March

2

Age

5 1/2

9

Sex

Male

Color or  
Race

White

Birth  
place

Germany.

Occupation

Stone Cutter

Where Residing if not  
at place of death

Meyersdale Pa

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

Mary Hipp

Father's  
Name

Not Known

Father's  
Birthplace

Not Known

Mother's  
Maiden Name

Not Known

Mother's  
Birthplace

Not Known.

Name of person giving  
In formation

Charles Hipp

How related  
to deceased

Son.

## CAUSES OF DEATH

Primary

178

How long

Immediate

Dropped Dead. Suppose Heart Failure Sudden

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

E B Blaybrook, M.D.

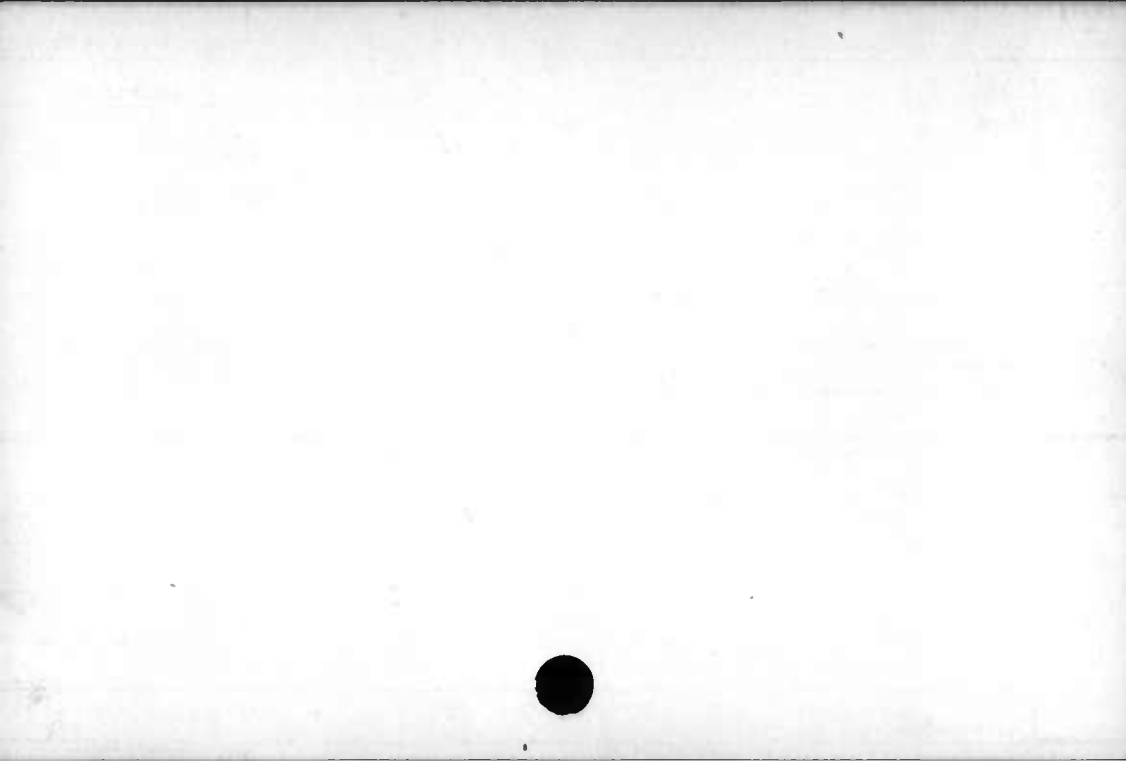
Address

Cumberland Md.

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

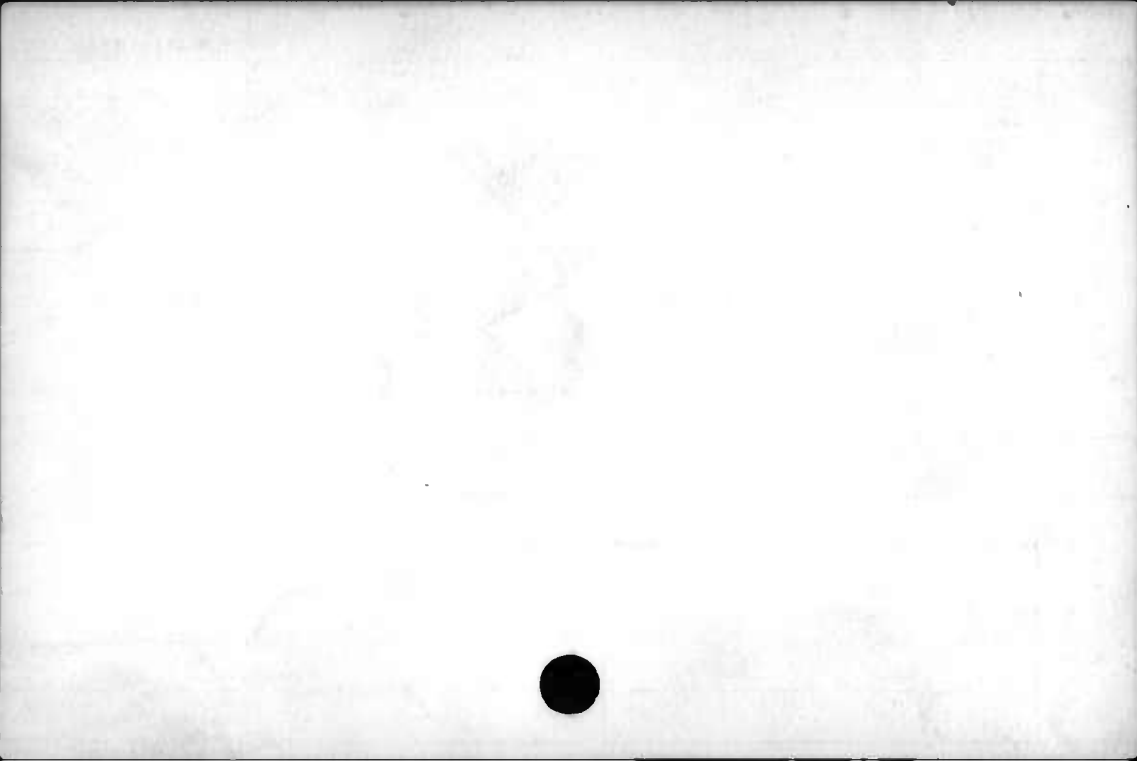
|   |  |                       |   |
|---|--|-----------------------|---|
| Died at <u>Cumberland</u> Town <u>Allegany</u> County |  | MARYLAND              |   |
| Date of death <u>1907</u>                             | Month <u>Mar</u>                                 | Day <u>2</u>          | Age <u>23</u> Years Months <u>—</u> Days <u>—</u> |
| Sex <u>Male</u>                                       | Color or Race <u>White</u>                       | Birth-place <u>Ma</u> |   |
| Occupation <u>Workman</u>                             | Where Residing if not at place of death <u>—</u> |                       |   |
| Married, Single or Widowed <u>Single</u>              | Name of Wife or Husband <u>none</u>              |                       |   |
| Father's Name <u>Wm F Huff</u>                        | Father's Birthplace <u>Town Creek</u>            |                       |   |
| Mother's Maiden Name <u>Margaret C. Crather</u>       | Mother's Birthplace <u>" " "</u>                 |                       |   |
| Name of person giving information <u>J. L. Huff</u>   | How related to deceased <u>Brother</u>           |                       |   |

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <u>Crushed chest</u>  | How long <u>2 hours</u>                  |
| Immediate <u>Asphyxia from blood in lung</u>                                    | How long <u>—</u>                        |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>J. M. Spaw</u> |
| <u>GSP</u>  | Address <u>Cumberland Md</u>             |
| Accident <u>—</u>   | <u>✓</u>                                 |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

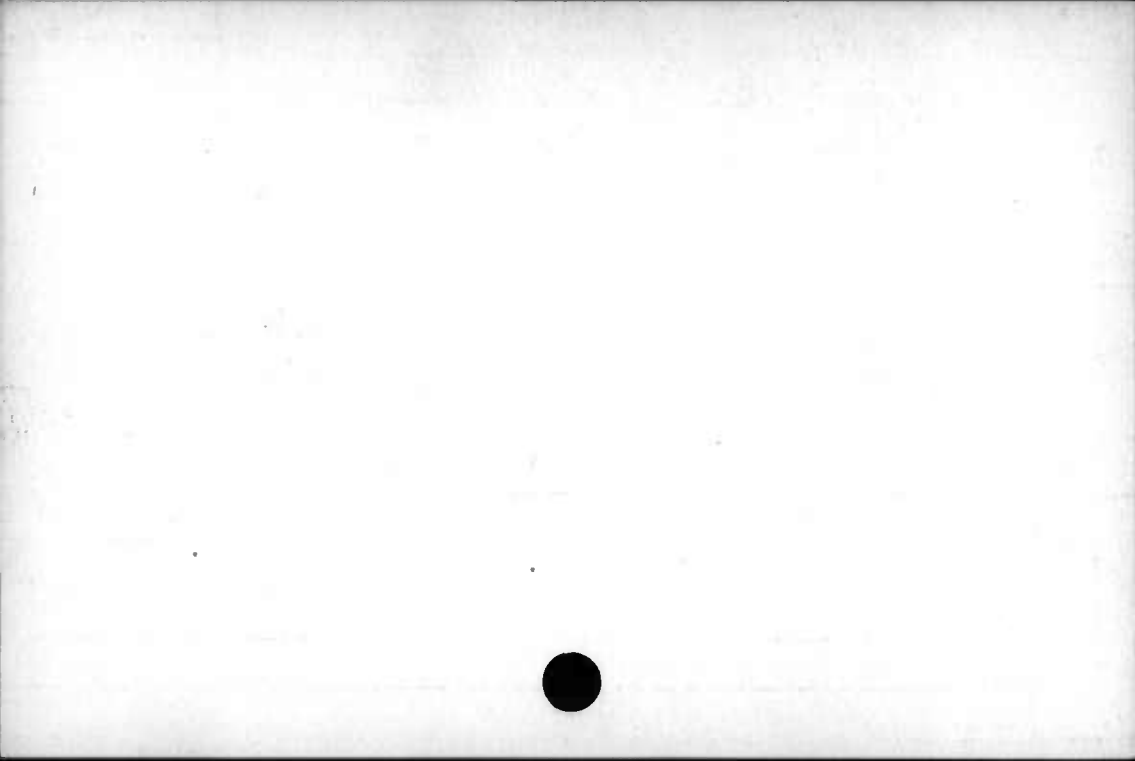
|  |                            |                                       |                                 |                 |               |
|--|----------------------------|---------------------------------------|---------------------------------|-----------------|---------------|
| Died at <u>Barton</u> Town                         |                            | <u>Kalbaugh</u> County                |                                 | MARYLAND        |               |
| Date of death 1907                                 | Month <u>Mar</u>           | Day <u>21</u>                         | Age <u>1</u> Years              | Months <u>1</u> | Days <u>1</u> |
| Sex <u>Female</u>                                  | Color or Race <u>White</u> |                                       | Birth-place <u>Allegheny Co</u> |                 |               |
| Married, Single or Widowed <u>✓</u>                |                            | Occupation <u>✓</u>                   |                                 |                 |               |
| Name of Wife or Husband <u>✓</u>                   |                            |                                       |                                 |                 |               |
| Father's Name <u>John Kalbaugh</u>                 |                            | Father's Birthplace <u>Alleg. Co</u>  |                                 |                 |               |
| Mother's <del>Name</del> <u>Lena Mann</u>          |                            | Mother's Birthplace <u>Alleg. Co</u>  |                                 |                 |               |
| Name of person giving information <u>Lena Mann</u> |                            | How related to deceased <u>Mother</u> |                                 |                 |               |

## CAUSES OF DEATH

153

PHYSICIAN  
OR CORONER

|   |   |                           |
|---|---|---------------------------|
| Primary   | <u>Wilful neglect</u>                       | How long <u>✓</u>         |
| Immediate   | <u>on the part of mother</u>                | How long <u>✓</u>         |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>J. J. Boucher</u> | Address <u>Barton Ind</u> |
| Accident or Suicide? <u>✓</u>   |   |                           |



Name  
in  
Full

Mario Lura Reas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                               |                 |
|--|--|-------------------------------|-----------------|
| Died at <b>Timberland</b> <sup>Town</sup> <b>Allegheny</b> <sup>County</sup>                                       |  | <b>MARYLAND</b>               |                 |
| Date of death <b>1907</b> <sup>Month</sup> <b>3</b> <sup>Day</sup> <b>20</b> <sup>Years</sup> <b>Age</b> <b>21</b> | <sup>Months</sup>                                  |                               | <sup>Days</sup> |
| Sex <b>Female</b>  | Color or Race <b>White</b>                         | Birth-place <b>Timberland</b> |                 |
| Occupation <b>Wife</b>   | Where Residing if not at place of death <b>" "</b> |                               |                 |
| Married, Single or Widowed <b>Married</b>  | Name of Wife or Husband <b>Thos B. Reas</b>        |                               |                 |
| Father's Name <b>Edward Deeter</b>   | Father's Birthplace <b>Timberland</b>              |                               |                 |
| Mother's Maiden Name <b>Lura B. Hilley</b>   | Mother's Birthplace <b>" " " "</b>                 |                               |                 |
| Name of person giving information <b>Edward Deeter</b>   | How related to deceased <b>Father</b>              |                               |                 |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |                         |
|---|---|-------------------------|
| Primary <b>Childbirth</b>   | <b>135</b>                                | How long <b>10 days</b> |
| Immediate <b>Stomach</b>  |   | How long <b>" "</b>     |
| Are the name, age, sex, color, date and place correctly given above? <b>yes</b> | Signature of Physician <b>W. W. Wiley</b> |                         |
|   | Address <b>Timberland Ind</b>             |                         |
| Accident or Suicide?  |   |                         |

Wiley



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |   |  |                                |  |                    |  |
|--|--|---|--|--------------------------------|--|--------------------|--|
| Name in Full<br><i>Archibald King</i>                    |  | Town<br><i>Dekin</i>                                      |  | County<br><i>Allegheny</i>     |  | MARYLAND           |  |
| Died at<br><i>Dekin</i>                                  |  | Month<br><i>March</i>                                     |  | Day<br><i>2</i>                |  | Age<br><i>66</i>   |  |
| Date of death<br><i>1907</i>                             |  | Month<br><i>March</i>                                     |  | Day<br><i>2</i>                |  | Age<br><i>66</i>   |  |
| Sex<br><i>Male</i>                                       |  | Color or Race<br><i>White</i>                             |  | Birth-place<br><i>Scotland</i> |  | Months<br><i>9</i> |  |
| Occupation<br><i>Miner</i>                               |  | Where Residing if not at place of death<br><i>—</i>       |  | Days<br><i>9</i>               |  |                    |  |
| Married, Single or Widowed<br><i>Widowed</i>             |  | Name of Wife or Husband<br><i>Eileen Johnson deceased</i> |  |                                |  |                    |  |
| Father's Name<br><i>Robert King</i>                      |  | Father's Birthplace<br><i>Scotland</i>                    |  |                                |  |                    |  |
| Mother's Maiden Name<br><i>Margaret Clarkson</i>         |  | Mother's Birthplace<br><i>Scotland</i>                    |  |                                |  |                    |  |
| Name of person giving information<br><i>James Donala</i> |  | How related to deceased<br><i>Nephew</i>                  |  |                                |  |                    |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary<br><i>Lupus - mild -</i>   | How long<br><i>3 weeks</i>                             |
| Immediate<br><i>Heart Failure - Total Syncope</i>                                  | How long<br><i>few minutes</i>                         |
| Are the name, age, sex, color, date and place correctly given above?<br><i>yes</i> | Signature of Physician<br><i>James C. Bullock M.D.</i> |
|  | Address<br><i>Londoning Md.</i>                        |
| Accident or Suicide?   |  |



Name  
in  
Full

## CERTIFICATE OF DEATH

Philip Kirby

Town

County

MARYLAND

Died at

Cumberland Allegany

Date

Month

Day

Year

Months

Days

of death 1907 Mar

11

Age

75

11

10

Sex

Female

Color or  
Race

White

Birth-  
place

unknown

Occupation

unknown

Where Residing if not  
at place of death

Cumberland

Married Single

Widowed

Name of Wife or  
Husband

unknown

Father's  
Name

Brugsmann Kirby

Father's  
Birthplace

unknown

Mother's  
Maiden Name

unknown

Mother's  
Birthplace

"

Name of person giving  
In formation

Geo Kirby

How related  
to deceased

none

## CAUSES OF DEATH

125

Primary

Enlarged prostate

How long

6 years

Immediate

Uremia

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

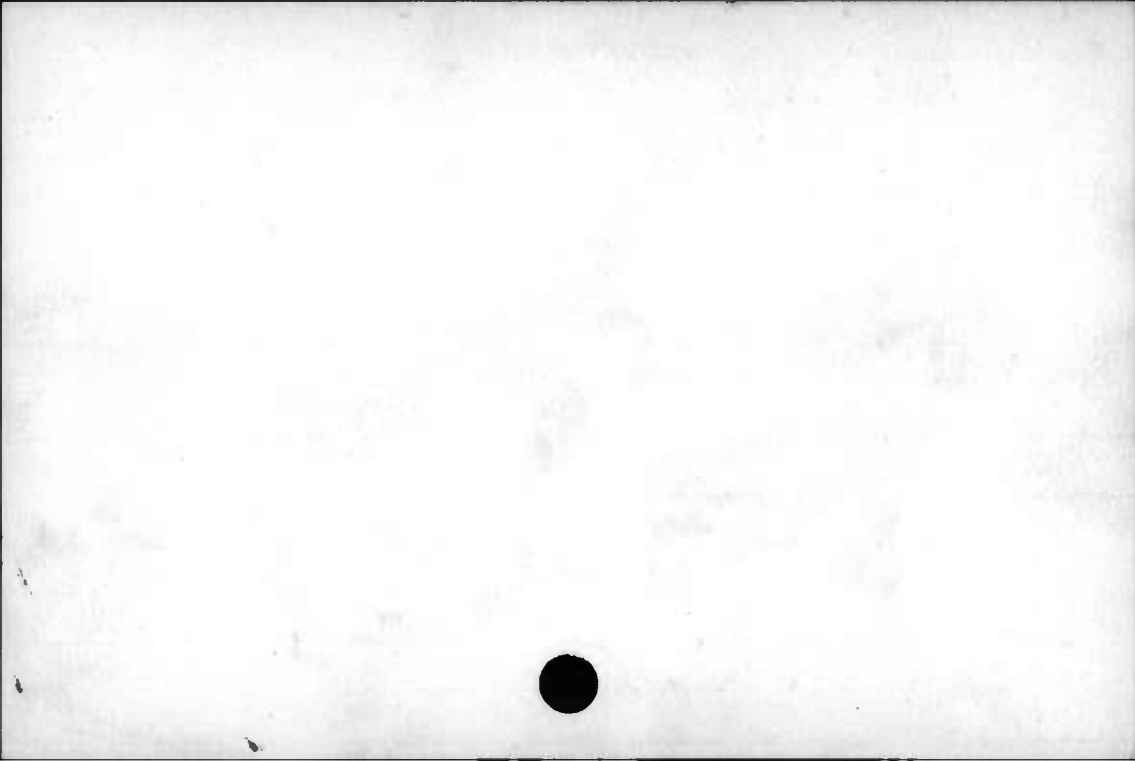
Address

J M Spear  
Cumberland

Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name

in  
Full

Langham

## CERTIFICATE OF DEATH

MARYLAND

Died at *Barton* Town

County

*Allegheny*

Date

of death 1907

Month

*Mar*

Day

*6*

Age

Years

Months

Days

*12*

Sex

*Female*Color or  
Race*white*Birth-  
place*Allegheny Co*Married, Single  
or Widowed*L*

Occupation

*L*Name of Wife or  
Husband*L*Father's  
Name*Unknown (over)*Father's  
Birthplace*L*Mother's  
Name*Bell Langham*Mother's  
Birthplace*Allegheny Co*Name of person giving  
Information*Mrs Langham*How related  
to deceased*Mother of Bell*

## CAUSES OF DEATH

*(151)*

Primary

*Do not know. Did not see*

How long

*About 3 days*

Immediate

*it. Was informed <sup>not nurse</sup> I would*

How long

*(over)*Are the name, age, sex, color, date  
and place correctly given above?*as far  
as I know*Signature of  
Physician*A. A. Boucher*

Address

*Barton*

Accident or Suicide?

*✓*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

The mother of this child is idiotic and has not sufficient intelligence to know who the father is or give any information that one could ~~go~~ determine the parentage.

In regard to the death I am unable to state the cause as I was not called. Several of the neighbors women were present when it died and from their statements I infer the cause was traction as it would not take any nourishment.

Boucher

Name  
in  
Full

Leslie Milton Sease

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |       |                         |        |       |                         |            |
|-----------------------------------|---|-------|-------------------------|--------|-------|-------------------------|------------|
| Died at                           |   | Town  |                         | County |       | MARYLAND                |            |
| Date of death                     |   | Month | Day                     | Age    | Years | Months                  | Days       |
| 1907                              |   | March | 23                      | 4      | 1     | 4                       |            |
| Sex                               | Male                                    |       | Color or Race           | White  |       | Birth-place             | Woodland   |
| Occupation                        | Where Residing if not at place of death |       |                         |        |       |                         | "          |
| Married, Single or Widowed        | —                                       |       | Name of Wife or Husband | —      |       |                         |            |
| Father's Name                     | Milton Sease                            |       |                         |        |       | Father's Birthplace     | Mt. Savage |
| Mother's Maiden Name              | Belouche Will-                          |       |                         |        |       | Mother's Birthplace     | Mt. Savage |
| Name of person giving information | Dr. J. Kenhite                          |       |                         |        |       | How related to deceased | None —     |

## CAUSES OF DEATH

(61)

PHYSICIAN  
OR CORONER

|  |                         |                        |                |
|--|-------------------------|------------------------|----------------|
| Primary  | Cerebro Spinal Meninges | How long               | 3 hrs.         |
| Immediate  | Anaemia                 | How long               | —              |
| Are the name, age, sex, color, date and place correctly given above? | yes                     | Signature of Physician | Dr. J. Kenhite |
|  |                         | Address                | National       |
|  |                         |                        | Tud-           |
| Accident or Suicide?   | ✓                       |                        |                |

Mr Lacey

Esq



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

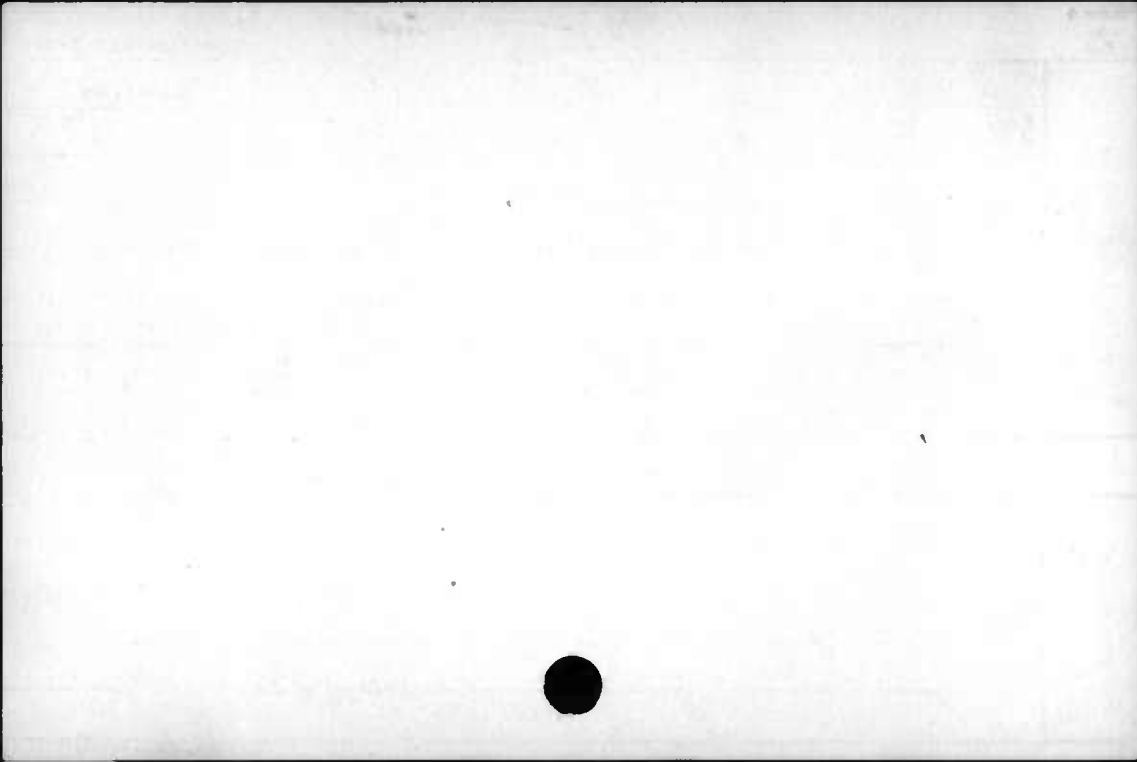
|  |  |   |  |                           |  |                          |  |
|--|--|---|--|---------------------------|--|--------------------------|--|
| Name in Full<br><i>William Lindsay</i>                   |  | Town<br><i>Elmer</i>  |  | County<br><i>Alle</i>     |  | STATE<br><b>MARYLAND</b> |  |
| Died at<br><i>Elmer</i>                                  |  | Month<br><i>Mar</i>   |  | Day<br><i>4</i>           |  | Years<br><i>30</i>       |  |
| Date of death<br><i>1907</i>                             |  | Months<br><i>—</i>  |  | Days<br><i>—</i>          |  |                          |  |
| Sex<br><i>Male</i>                                       |  | Color or Race<br><i>Colored</i>                               |  | Birth-place<br><i>Ind</i> |  |                          |  |
| Occupation<br><i>Laborer</i>                             |  | Where Residing if not at place of death<br><i>Albionhouse</i> |  |                           |  |                          |  |
| Married, Single or Widowed<br><i>Single</i>              |  | Name of Wife or Husband<br><i>none</i>                        |  |                           |  |                          |  |
| Father's Name<br><i>Dead</i>                             |  | Father's Birthplace<br><i>Ind Not Known</i>                   |  |                           |  |                          |  |
| Mother's Maiden Name<br><i>Dead</i>                      |  | Mother's Birthplace<br><i>Ind Not Known</i>                   |  |                           |  |                          |  |
| Name of person giving information<br><i>John Lindsay</i> |  | How related to deceased<br><i>Brother</i>                     |  |                           |  |                          |  |

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary<br><i>Tuberculosis</i>   | How long<br><i>Do not know</i>                |
| Immediate<br><i>Exhaustion</i>   | How long<br><i>Did 6 hours after arriving</i> |
| Are the name, age, sex, color, date and place correctly given above?<br><i>Yes</i> | Signature of Physician<br><i>Dr. J. Swigg</i> |
| <i>stein</i>   | Address<br><i>Albionhouse</i>                 |
| Accident or Suicide?<br><i>—</i>   | <i>Ind</i>                                    |



Name

in  
Full

## CERTIFICATE OF DEATH

Name *Mollie Metz* Town *Cumtland* County *Allegheny* MARYLAND

Died at *Cumtland* Date of death *1907* Month *March* Day *7* Age *39* Years Months Days

Sex *Female* Color or Race *White* Birthplace *MD*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Do not know* Father's Birthplace

Mother's Maiden Name *Do not know* Mother's Birthplace

Name of person giving information *Geo. J. Hice Supr. Supt. Supt.* How related to deceased *Strait*

## CAUSES OF DEATH

Primary *Lungs & per* How long *4 wks*

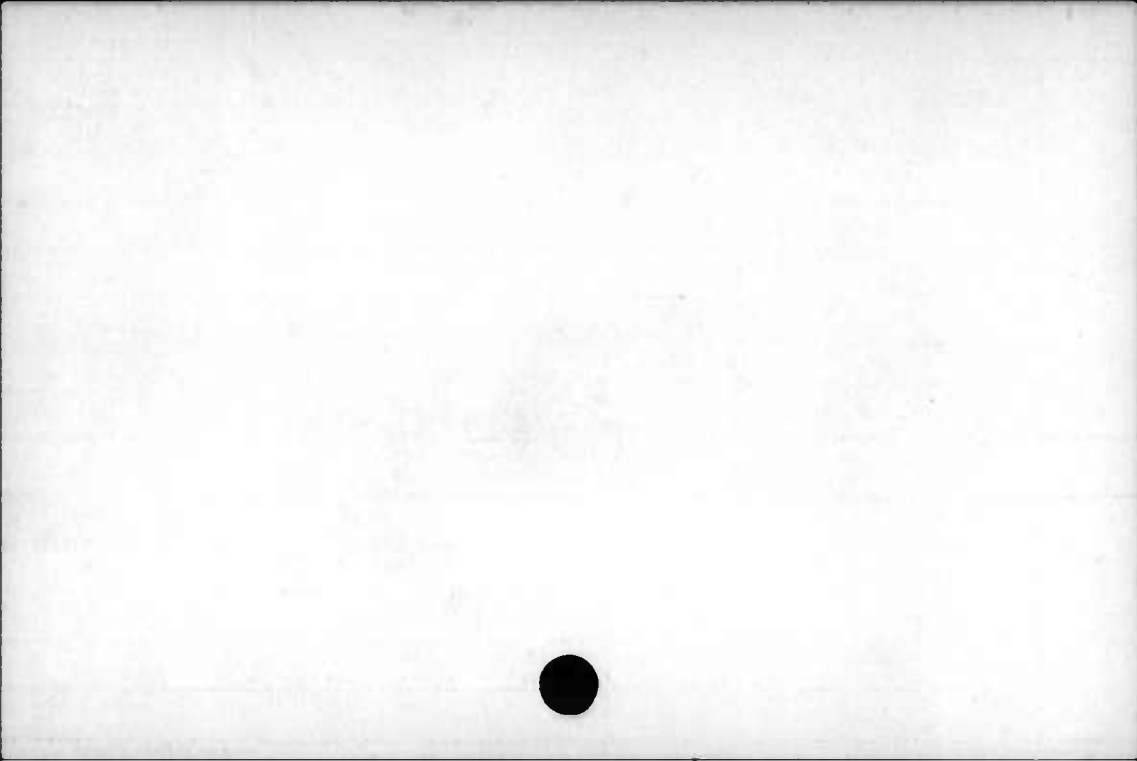
Immediate *Pneumonia* How long *4 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *M. F. Twigg*

*An inmate of Allegheny* Address *Cumtland*

Accident or Suicide? *Yes* *MD*

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

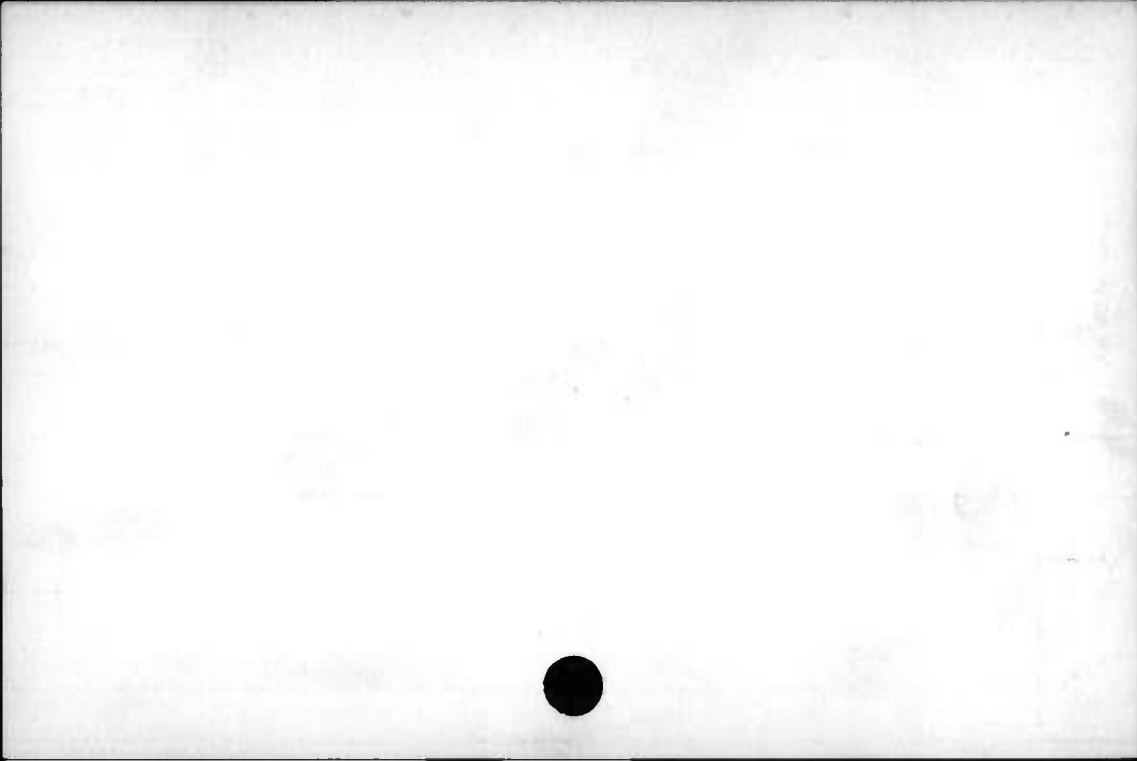
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |  |  |                                  |  |                  |  |
|--|--|--|--|----------------------------------|--|------------------|--|
| Name in Full<br><i>Bernie M. Middleton</i>                   |  | Town<br><i>Cumtota</i>   |  | County<br><i>accugen</i>         |  | MARYLAND         |  |
| Died at<br><i>Cumtota</i>                                    |  | Month<br><i>March</i>  |  | Day<br><i>31</i>                 |  | Age<br><i>16</i> |  |
| Date of death<br><i>1907</i>                                 |  | Months<br><i>-</i>   |  | Years<br><i>-</i>                |  | Days<br><i>-</i> |  |
| Sex<br><i>Female</i>   |  | Color or Race<br><i>White</i>                                  |  | Birth-place<br><i>Trigg town</i> |  |                  |  |
| Occupation   |  | Where Residing if not at place of death<br><i>Spring gaps.</i> |  |                                  |  |                  |  |
| Married, Single or Widowed<br><i>Single</i>                  |  | Name of Wife or Husband<br><i>-</i>                            |  |                                  |  |                  |  |
| Father's Name<br><i>Thomas Middleton</i>                     |  | Father's Birthplace<br><i>Allegheny Co.</i>                    |  |                                  |  |                  |  |
| Mother's Maiden Name<br><i>Laura W. Trigg</i>                |  | Mother's Birthplace<br><i>accugen Co.</i>                      |  |                                  |  |                  |  |
| Name of person giving information<br><i>Thomas Middleton</i> |  | How related to deceased<br><i>Father</i>                       |  |                                  |  |                  |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                      |   |
|--|----------------------|---|
| Primary  | <i>Typhoid Fever</i> | How long<br><i>3 wks</i>                        |
| Immediate  | <i>Pneumonia</i>     | How long<br><i>3 days</i>                       |
| Are the name, age, sex, color, date and place correctly given above?<br><i>yes</i> |                      | Signature of Physician<br><i>Dr. Thos. Horn</i> |
|  |                      | Address<br><i>Cumtota Md</i>                    |
| Accident or Suicide?   |                      |   |



Name in Full *Patrick Moore*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

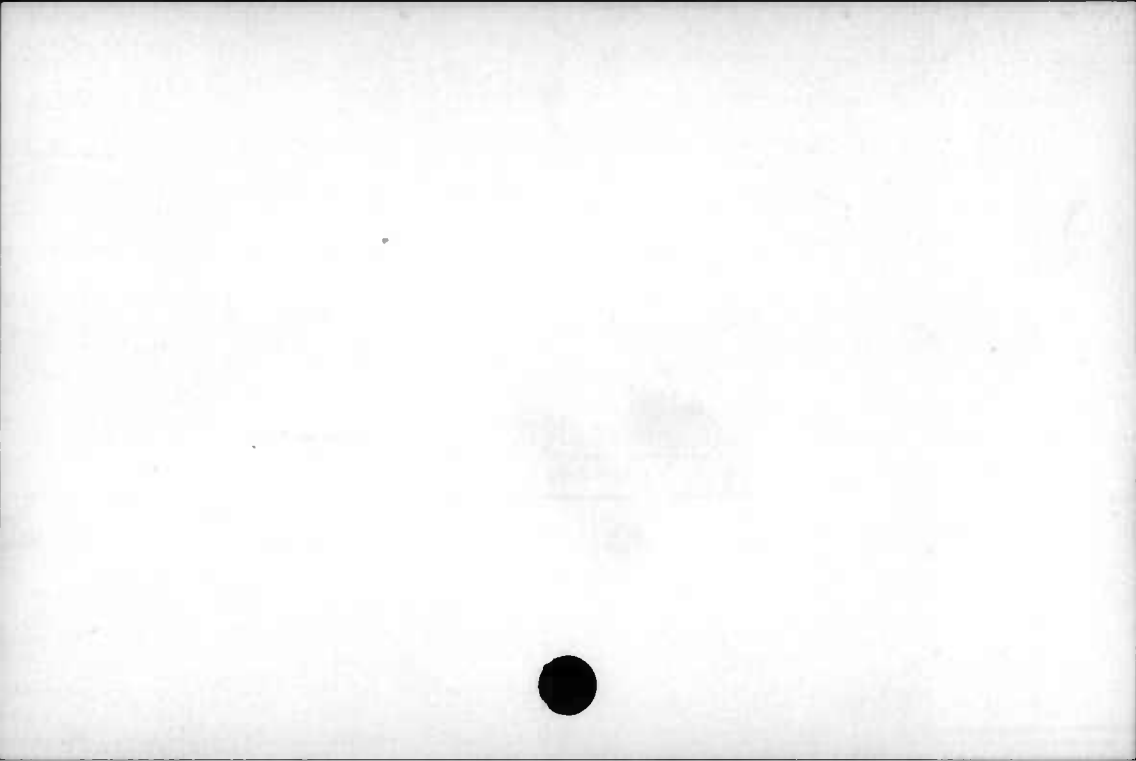
|  |   |   |                            |            |      |
|--|---|---|----------------------------|------------|------|
| Died at <i>Cumberland</i> Town                       |   | <i>Cecumary</i> County                  |                            | — MARYLAND |      |
| Date of death <i>1907</i>                            | Month <i>3-</i>   | Day <i>13</i>                           | Age <i>65-</i>             | Months     | Days |
| Sex <i>Male</i>                                      | Color or Race <i>White</i>                                |   | Birth-place <i>Ireland</i> |            |      |
| Occupation <i>Pusher in mine</i>                     | Where Residing if not at place of death <i>Cumberland</i> |   |                            |            |      |
| Married, <del>Single</del> <i>Yes</i> or Widowed     | Name of Wife or Husband <i>Bridget Moore</i>              |   |                            |            |      |
| Father's Name <i>George Moore</i>                    | Father's Birthplace <i>Ireland</i>                        |   |                            |            |      |
| Mother's Maiden Name <i>Mary Gwendolyn</i>           | Mother's Birthplace <i>Ireland</i>                        |   |                            |            |      |
| Name of person giving information <i>Katie Moore</i> |   | How related to deceased <i>Daughter</i> |                            |            |      |

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary <i>Heart trouble</i>   | How long  |
| Immediate  | How long  |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>J. H. Macky Coroner</i> |
|  | Address <i>Cumberland Md</i>                      |
| Accident or Suicide?   |   |





Name  
in  
Full

Bridget Mullan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

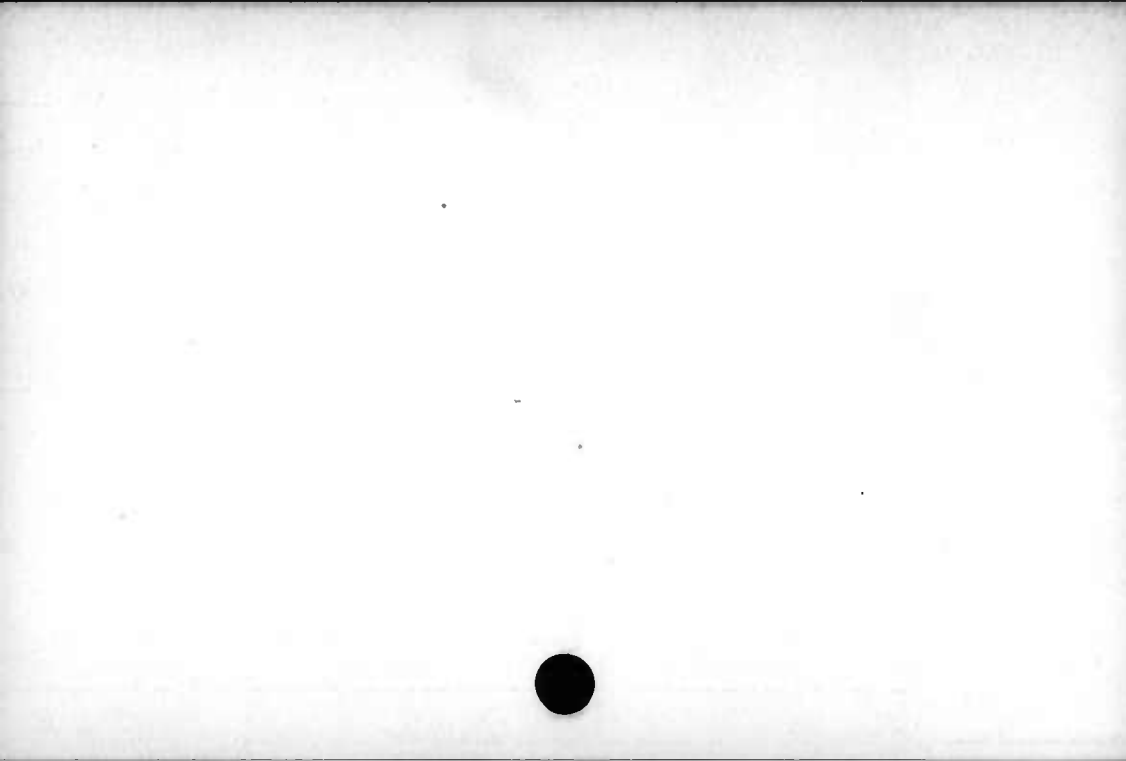
|  |                            |                                    |   |          |   |
|--|----------------------------|------------------------------------|---|----------|---|
| Died at <i>Int-Sarag</i> <sup>Town</sup>             |                            | <i>Allegheny</i> <sup>County</sup> |   | MARYLAND |   |
| Date of death 190 <i>7</i>                           | Month <i>March</i>         | Day <i>12</i>                      | Age   | Years    | Months <i>4</i> <sup>Days</sup> <i>10</i> |
| Sex <i>Female</i>                                    | Color or Race <i>White</i> |                                    | Birth-place <i>Int-Sarag Ind</i>              |          |   |
| Married, Single or Widowed <i>Single</i>             |                            |                                    | Occupation <i>None</i>                        |          |   |
| Name of Wife or Husband <i>None</i>                  |                            |                                    |   |          |   |
| Father's Name <i>Wm T Mullan</i>                     |                            |                                    | Father's Birthplace <i>County Ireland Ind</i> |          |   |
| Mother's Maiden Name <i>Kathleen E. Mullyian</i>     |                            |                                    | Mother's Birthplace <i>Int-Sarag Ind</i>      |          |   |
| Name of person giving information <i>Wm T Mullan</i> |                            |                                    | How related to deceased <i>Father</i>         |          |   |

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Premature Birth</i>  | How long <i>8 min</i>                           |
| Immediate <i>Exhaustion</i>   | How long <i>4 L</i>                             |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>F. Alay E. Murray</i> |
|   | Address <i>Int-Sarag Ind</i>                    |
| Accident or Suicide? <i>None</i>  |   |



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |                      |   |   |                         |                      |
|--|----------------------|---|---|-------------------------|----------------------|
| Died at <i>Johanna</i> <sup>Town</sup> |                      | <i>Chr.</i> <sup>County</sup>             |   | MARYLAND                |                      |
| Date of death                          | <i>1907</i>          | Month                                     | <i>Mar.</i>                             | Day                     | <i>23</i>            |
| Age                                    | <i>33</i>            | Years                                     | <i>33</i>                               | Months                  | <i>—</i>             |
| Sex                                    | <i>Female</i>        | Color or Race                             | <i>White</i>                            | Birth-place             | <i>Allegheny Co.</i> |
| Occupation                             | <i>Housewife</i>     |   | Where Residing if not at place of death |                         |                      |
| Married, Single or Widowed             | <i>Married</i>       | Name of Wife or Husband <i>Ger A Chr.</i> |   |                         |                      |
| Father's Name                          | <i>David Baillie</i> |   |   | Father's Birthplace     | <i>Scotland</i>      |
| Mother's Maiden Name                   | <i>Margaret</i>      |   |   | Mother's Birthplace     | <i>"</i>             |
| Name of person giving information      | <i>Ger Chr.</i>      |   |   | How related to deceased | <i>Son</i>           |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                    |                        |                         |
|--|--------------------|------------------------|-------------------------|
| Primary  | <i>Consumption</i> | How long               | <i>2 yrs.</i>           |
| Immediate  | <i>Exhaustion</i>  | How long               | <i>1 mo.</i>            |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i>         | Signature of Physician | <i>Dr. Wm. F. Twigg</i> |
|  | <i>sten</i>        | Address                | <i>Cumberland Md.</i>   |
| Accident or Suicide?   | <i>No</i>          |                        |                         |

300 Columbia  
Ave.

Name  
in  
Full

Russie Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Eckhart* Town *Allegany* County

Date of death *1907* Month *Mar* Day *30* Age *38* Years Months *—* Days *—*

Sex *F* Color or Race *W* Birthplace *Eckhart Ind*

Occupation *House work* Where Residing if not at place of death *—*

Married, Single or Widowed ☒ Name of Wife or Husband *—*

Father's Name *George Porter* Father's Birthplace *Eckhart Ind*

Mother's Maiden Name *Helen Haggins* Mother's Birthplace *Pa*

Name of person giving information *Emery Porter* How related to deceased *Brother*

CAUSES OF DEATH

*79*

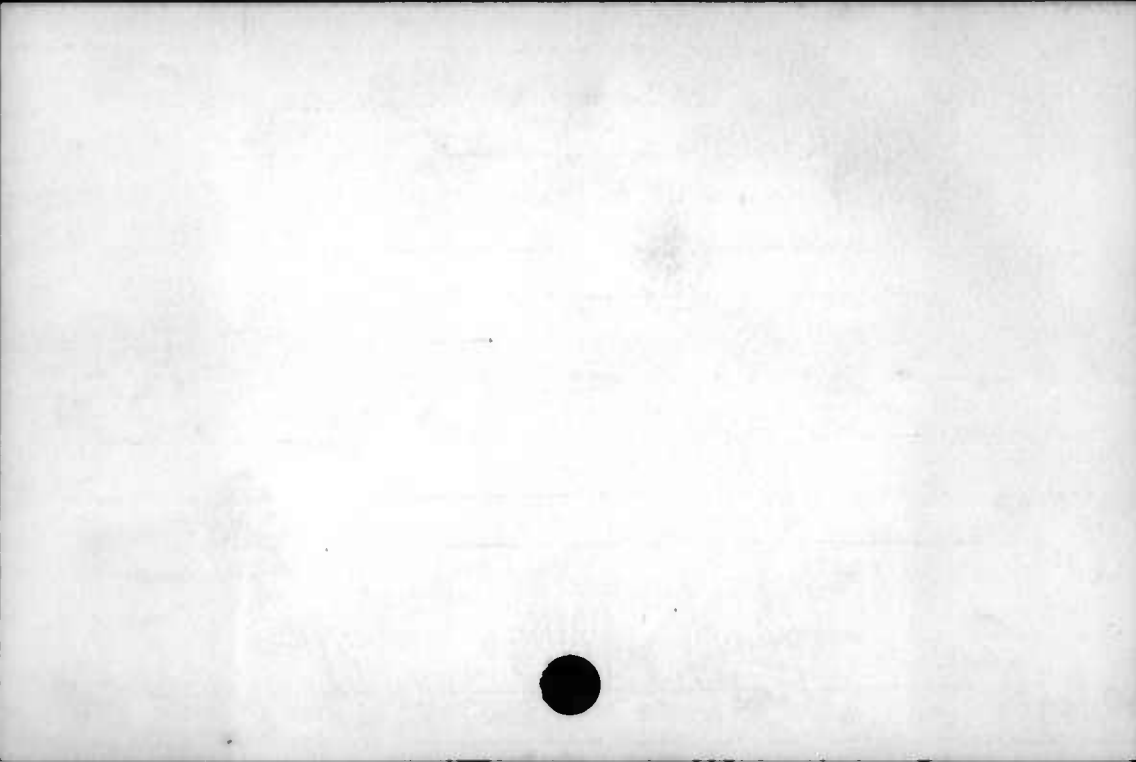
PHYSICIAN  
OR CORONER

Primary *Myocard - died suddenly while at meal*  
Imp *Fatty degeneration of heart*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. Griffith*  
Address *Wyalusing Ind*

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

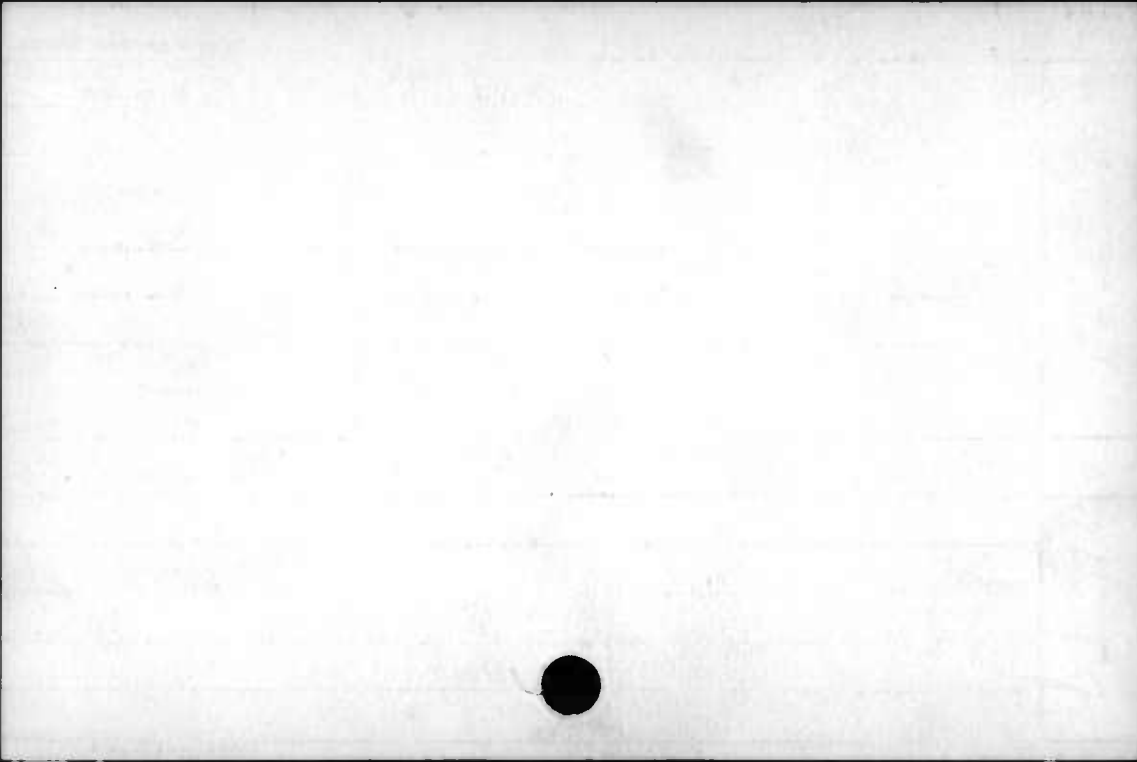
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Name in Full<br><b>T. W. Powers</b>                      |  | Town<br><b>Cumberland</b>                                    |  | County<br><b>Allegany</b>                    |  | State<br><b>MARYLAND</b>                     |  |
| Died at  |  | Month<br><b>Mar</b>  |  | Year<br><b>1907</b>                          |  | Days<br><b>13</b>                            |  |
| Date of death  |  | Sex<br><b>Male</b>   |  | Color or Race<br><b>White</b>                |  | Birthplace<br><b>Don't Know</b>              |  |
| Occupation<br><b>Laborer</b>                             |  | Where Residing if not at place of death<br><b>Don't Know</b> |  | Married, Single or Widowed<br><b>Married</b> |  | Name of Wife or Husband<br><b>Don't Know</b> |  |
| Father's Name<br><b>Don't Know</b>                       |  | Father's Birthplace<br><b>Unknown</b>                        |  | Mother's Maiden Name<br><b>"</b>             |  | Mother's Birthplace<br><b>Unknown</b>        |  |
| Name of person giving information<br><b>Peter Monroe</b> |  | How related to deceased<br><b>none</b>                       |  |  |  |  |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary Cause<br><b>Alcoholism</b>   | How long<br><b>(56)</b>                      |
| Immediate Cause<br><b>Stein</b>  | How long<br><b>Don't Know</b>                |
| Are the name, age, sex, color, date and place correctly given above?<br><b>LOUIS STEIN</b> | Signature of Physician<br><b>G. H. Maizy</b> |
| Address<br><b>Buried Mar. 22 1907</b>  | Address<br><b>Cumberland Md</b>              |
| Accident or Suicide?   | Coroner's Signature<br><b>Coroner</b>        |





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                        |                             |                       |  |
|--|--|------------------------|-----------------------------|-----------------------|--|
| Died at <i>Town</i> <b>Frostburg</b>                 |  | County <b>Allegany</b> |                             | State <b>MARYLAND</b> |  |
| Date of death  | <b>1907</b>  | Month <b>March</b>     | Day <b>3</b>                | Age <b>42</b>         | Years <b>One</b> Months <b>18</b> Days |
| Sex <b>Male</b>                                      | Color or Race <b>White</b>                               |                        | Birth-place <b>Maryland</b> |                       |  |
| Occupation <b>miner</b>                              | Where Residing if not at place of death <b>Frostburg</b> |                        |                             |                       |  |
| Married, Single or Widowed <b>Married</b>            | Name of Wife or Husband <b>Lillie Price</b>              |                        |                             |                       |  |
| Father's Name <b>John Price</b>                      | Father's Birthplace <b>England</b>                       |                        |                             |                       |  |
| Mother's Maiden Name <b>Mary Livers</b>              | Mother's Birthplace <b>Maryland</b>                      |                        |                             |                       |  |
| Name of person giving information <b>J. J. Price</b> | How related to deceased <b>Brother</b>                   |                        |                             |                       |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                         |   |
|--|-------------------------|---|
| Primary  | <b>Bronchial Asthma</b> | How long <b>5 years</b>                         |
| Immediate  | <b>Heart Failure</b>    | How long <b>A few days</b>                      |
| Are the name, age, sex, color, date and place correctly given above? | <b>Yes</b>              | Signature of Physician <b>J. A. Watson M.D.</b> |
|  |                         | Address <b>Frostburg Md</b>                     |
| Accident or Suicide?   |                         |   |



Name  
in  
Full

Perry Thomas Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

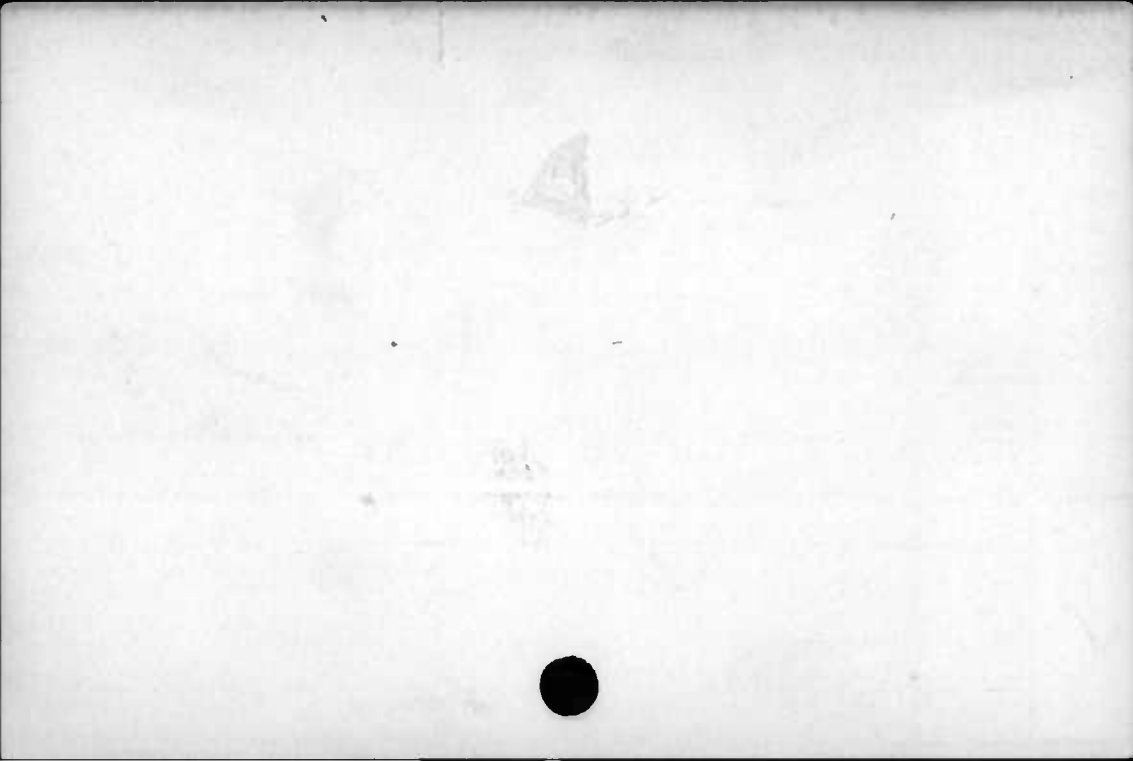
|                                   |                |       |                         |   |                         |             |                  |
|-----------------------------------|----------------|-------|-------------------------|---|-------------------------|-------------|------------------|
| Died at                           |                | Town  |                         | County                                  |                         | MARYLAND    |                  |
| Date of death                     |                | Month | Day                     | Age                                     | Years                   | Months      | Days             |
| 1907                              |                | Mar.  | 22                      | 80                                      |                         | 8           |                  |
| Sex                               | Male           |       | Color or Race           | White                                   |                         | Birth-place | Fredricks Co. Md |
| Occupation                        | Carpenter      |       |                         | Where Residing if not at place of death |                         |             |                  |
| Married, Single or Widowed        | Widower        |       | Name of Wife or Husband | Mary Jane Rice, Dec.                    |                         |             |                  |
| Father's Name                     | Thomas Rice    |       |                         |   | Father's Birthplace     | Unknown     |                  |
| Mother's Maiden Name              | Unknown        |       |                         |   | Mother's Birthplace     | Unknown     |                  |
| Name of person giving information | Jes. W. Burall |       |                         |   | How related to deceased | Son in law  |                  |

CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

|  |                        |                |          |
|--|------------------------|----------------|----------|
| Primary  | Intestinal Obstruction | How long       | 2 days   |
| Immediate  | Cardiac Syncope        | How long       | 3 hours. |
| Are the name, age, sex, color, date and place correctly given above? |                        | yes            |          |
| Signature of Physician   |                        | Newton J. Park |          |
| Address  |                        | Mt Savage      |          |
| Accident or Suicide?   |                        |                |          |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

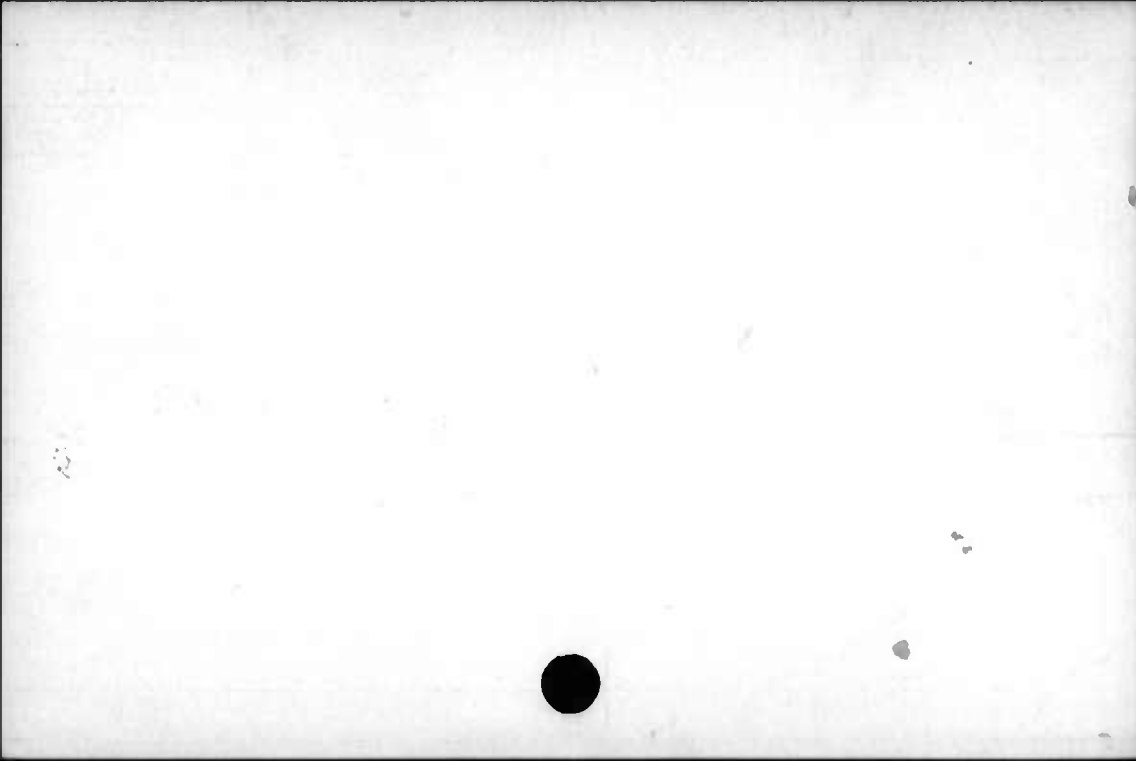
|   |  |   |  |  |  |                    |  |                  |  |
|---|--|---|--|--|--|--------------------|--|------------------|--|
| Name<br>in<br>Full<br><i>Mr. Thomas Ritchie Sr.</i>         |  | Town<br><i>Lanacoring</i>   |  | County<br><i>Alleghany</i>                             |  | MARYLAND           |  |                  |  |
| Died at   |  | Date<br>of death <i>1907</i>  |  | Age<br><i>78</i>                                       |  | Months<br><i>—</i> |  | Days<br><i>—</i> |  |
| Sex<br><i>Female</i>  |  | Color or<br>Race<br><i>White</i>                                      |  | Birth-<br>place<br><i>Scotland</i>                     |  |                    |  |                  |  |
| Occupation<br><i>none</i>                                   |  |   |  | Where Residing if not<br>at place of death<br><i>—</i> |  |                    |  |                  |  |
| Married, Single<br>or Widowed<br><i>Widowed</i>             |  | Name of <del>Wife</del> Husband<br><i>Thomas Ritchie Sr. Deceased</i> |  |  |  |                    |  |                  |  |
| Father's<br>Name<br><i>George Robertson</i>                 |  | Father's<br>Birthplace<br><i>Scotland</i>                             |  |  |  |                    |  |                  |  |
| Mother's<br>Maiden Name<br><i>Margery Robertson</i>         |  | Mother's<br>Birthplace<br><i>11</i>                                   |  |  |  |                    |  |                  |  |
| Name of person giving<br>In formation<br><i>David Bozie</i> |  | How related<br>to deceased<br><i>Son</i>                              |  |  |  |                    |  |                  |  |

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

|   |                                    |   |                 |
|---|------------------------------------|---|-----------------|
| Primary   | <i>Chronic High Blood Pressure</i> | How long  | <i>One year</i> |
| Immediate   | <i>Arterial Coma</i>               | How long  | <i>10 hours</i> |
| Are the name, age, sex, color, date<br>and place correctly given above? |                                    | Signature of<br>Physician<br><i>W. L. Shilling M.D.</i> |                 |
|   |                                    | Address<br><i>Lanacoring</i>                            |                 |
| Accident or Suicide?<br><i>No</i>                                       |                                    |   |                 |



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                      |                         |                       |               |   |                |                   |      |
|--------------------------------------|-------------------------|-----------------------|---------------|---|----------------|-------------------|------|
| Died at                              |                         | Town <i>Frederick</i> |               | County <i>Allegheny</i>                 |                | MARYLAND          |      |
| Date of death                        |                         | Month <i>August</i>   | Day <i>22</i> | Age <i>68</i>                           | Years          | Months            | Days |
| Sex                                  | <i>Male</i>             | Color or Race         | <i>White</i>  | Birth-place                             |                | <i>Paw-paw Pa</i> |      |
| Occupation                           | <i>Coal Miner</i>       |                       |               | Where Residing if not at place of death |                |                   |      |
| <del>Married</del> Single or Widowed | Name of Wife or Husband |                       |               |   |                |                   |      |
| Father's Name                        | <i>Don't know</i>       |                       |               | Father's Birthplace                     | <i>Unknown</i> |                   |      |
| Mother's Maiden Name                 | <i>Don't know</i>       |                       |               | Mother's Birthplace                     | <i>Unknown</i> |                   |      |
| Name of person giving information    | <i>George Tupper</i>    |                       |               | How related to deceased                 | <i>Nephew</i>  |                   |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                            |                        |                     |                   |
|--|----------------------------|------------------------|---------------------|-------------------|
| Primary  | <i>Alcoholic poisoning</i> | <i>56</i>              | How long            | <i>4 weeks</i>    |
| Immediate  | <i>Cardiac exhaustion</i>  |                        | How long            | <i>A few days</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i>                 | Signature of Physician | <i>J. C. Ober</i>   |                   |
|  |                            | Address                | <i>Frederick Md</i> |                   |
| Accident or Suicide?   | <i>No</i>                  |                        |                     |                   |

Is Mr

Entirely correct -



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

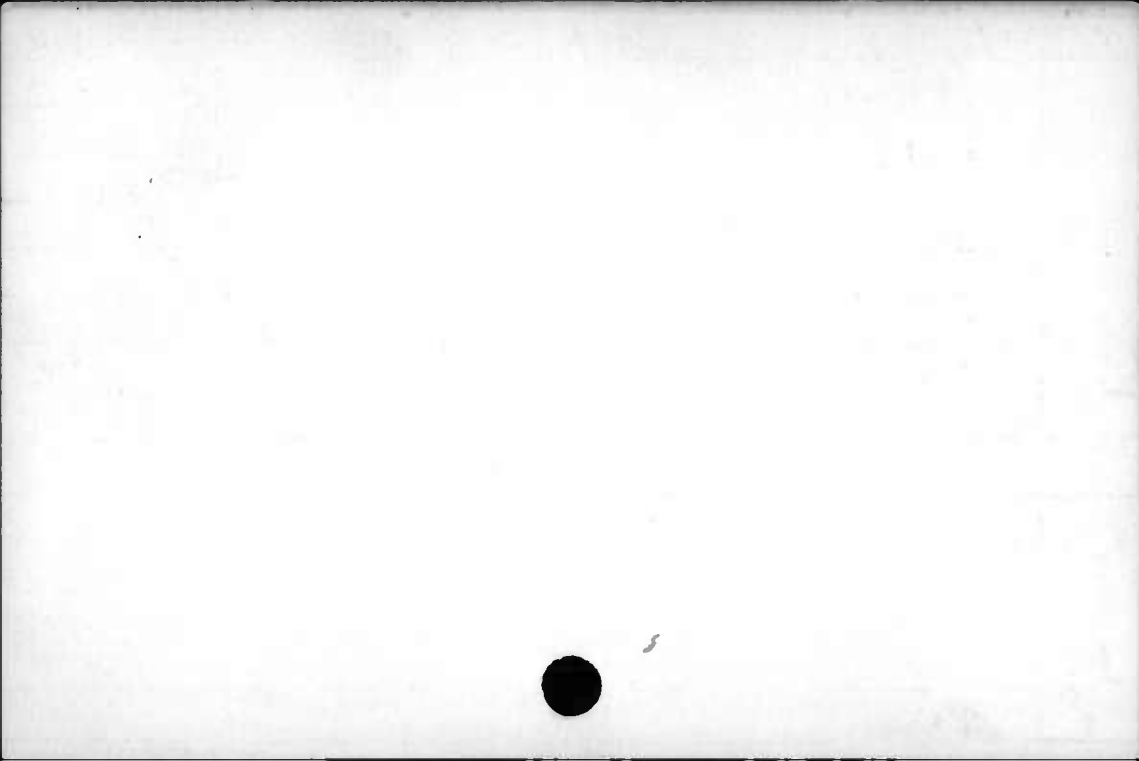
|  |   |                              |  |
|--|---|------------------------------|--|
| Died at <i>Cumberland</i> <small>Town</small> <i>Alleghany</i> <small>County</small> |   | MARYLAND                     |  |
| Date of death <i>1907</i>  | <i>Mar.</i> <small>Month</small>                | <i>17</i> <small>Day</small> | Age <i>51</i> <small>Years</small> <i>10</i> <small>Months</small> <i>11</i> <small>Days</small> |
| Sex <i>Male</i>  | Color or Race <i>White</i>                      | Birth-place <i>Cumld.</i>    |  |
| Occupation <i>Funk Dealer</i>  | Where Residing if not at place of death         |                              |  |
| Married, Single or Widowed <i>Married</i>  | Name of Wife or Husband <i>Matilda Shertzer</i> |                              |  |
| Father's Name <i>Leonard Shertzer</i>  | Father's Birthplace <i>Germany</i>              |                              |  |
| Mother's Maiden Name <i>Barbra Hoboch</i>  | Mother's Birthplace <i>Germany</i>              |                              |  |
| Name of person giving information <i>Michael Shertzer</i>                            | How related to deceased <i>Brother</i>          |                              |  |

## CAUSES OF DEATH

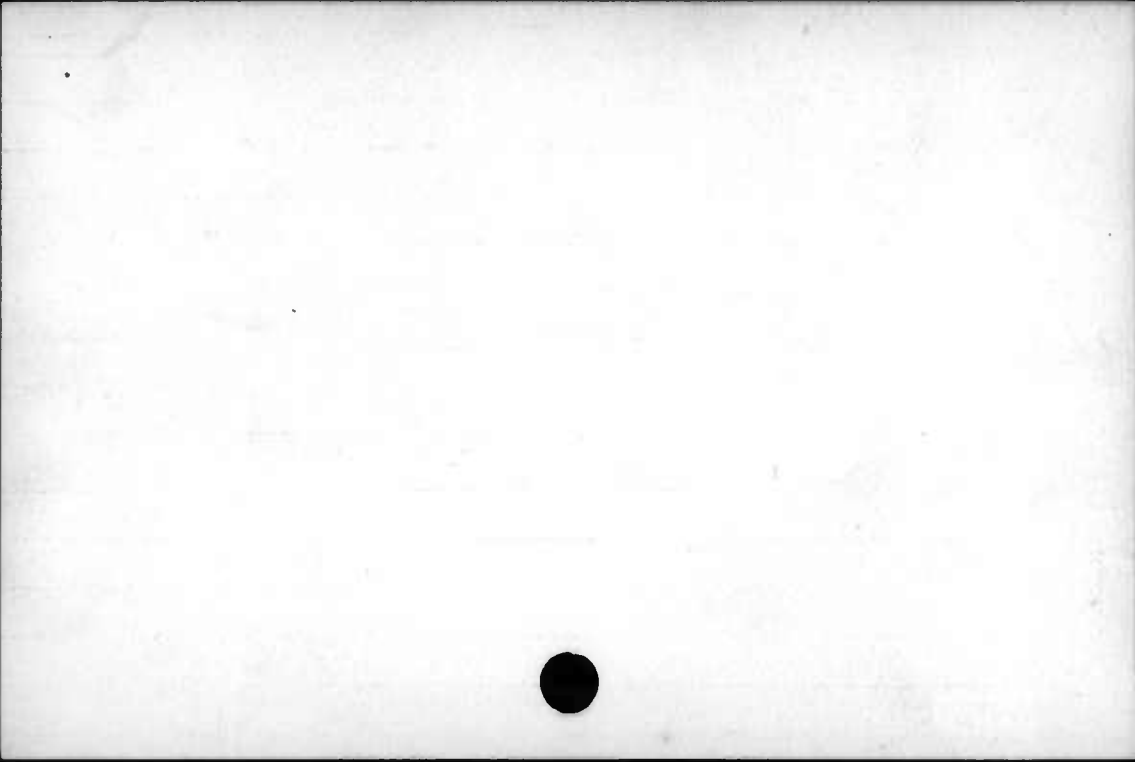
120

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary <i>Chronic Interstitial Nephritis</i>                                    | How long <i>one year to my knowledge</i>     |
| Immediate <i>Uremia (Heart failure sudden)</i>                                   | How long <i>one month</i>                    |
| Are the name, age, sex, color, date and place correctly given above? <i>yes.</i> | Signature of Physician <i>J. H. Fochtman</i> |
| <i>SS</i>  | Address <i>Cumberland Md.</i>                |
| Accident or Suicide?   |  |



| Name in Full                        |  | D. B. Shoemaker  |       |   |                         | CERTIFICATE OF DEATH |             |
|-------------------------------------|--|------------------|-------|---|-------------------------|----------------------|-------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND | Died at  | Cumberland       |       | Towson                                  |                         | County               |             |
|                                     | Date of death  | 1907             | Month | Mar                                     | Day                     | 22                   | Age         |
|                                     | Sex  | Male             |       | Color or Race                           | White                   |                      | Birth-place |
|                                     | Occupation   | Laborer          |       | Where Residing if not at place of death |                         |                      |             |
|                                     | Married, Single or Widowed   | Married          |       | Name of Wife or Husband                 |                         |                      |             |
|                                     | Father's Name  | Peter Shoemaker  |       |   |                         | Father's Birthplace  | Pa.         |
|                                     | Mother's Maiden Name   | Catherine Parady |       |   |                         | Mother's Birthplace  | Pa.         |
| Name of person giving information   | Himself  |                  |       |   | How related to deceased |                      |             |
| CAUSES OF DEATH                     |  |                  |       |   |                         |                      |             |
| PHYSICIAN OR CORONER                | Primary  | Ry injury        |       |   |                         | How long             | 166         |
|                                     | Immediate  | Shock            |       |   |                         | How long             | 7 days      |
|                                     | Are the name, age, sex, color, date and place correctly given above? |                  |       |   | yes                     | 2 days               |             |
|                                     | Signature of Physician   |                  |       |   | J. M. Spear             |                      |             |
|                                     | Address  |                  |       |   | Cumberland, Md.         |                      |             |
| Accident <del>on bridge?</del>      |  |                  |       |   |                         |                      |             |



Name  
in  
Full

## CERTIFICATE OF DEATH

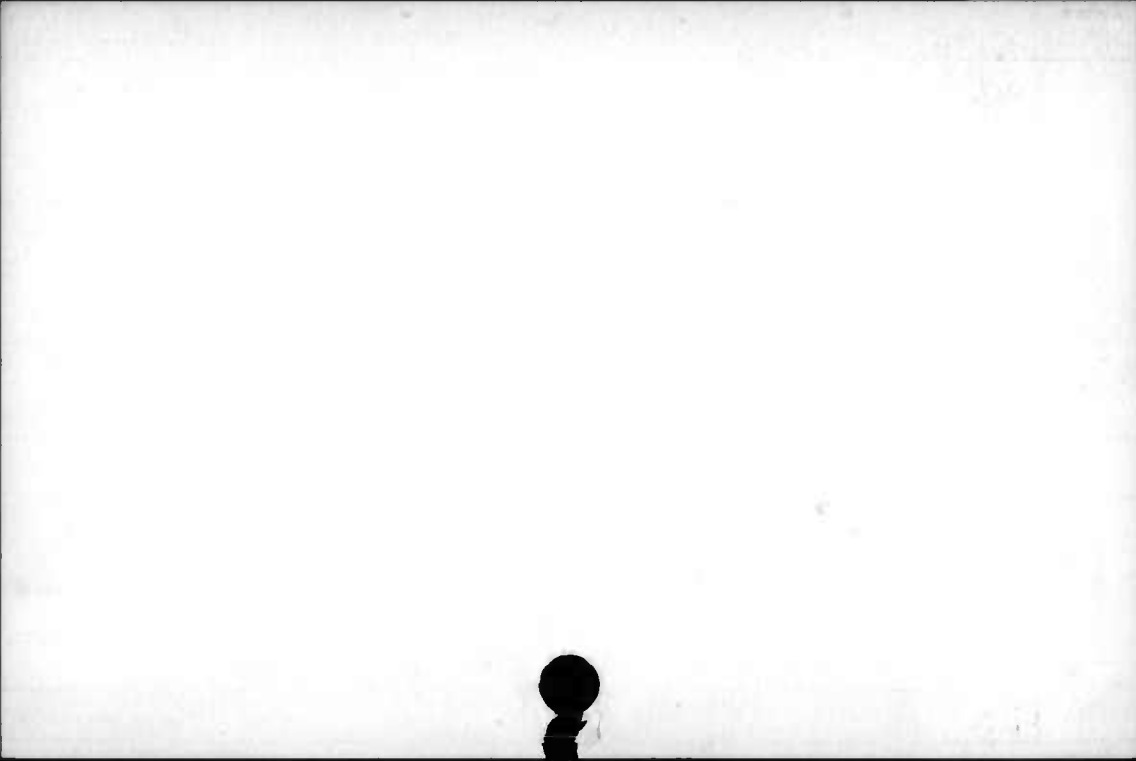
TO BE ANSWERED BY  
NEAREST FRIEND

|   |                            |                                  |  |                                    |        |          |  |
|---|----------------------------|----------------------------------|--|------------------------------------|--------|----------|--|
| Died at <i>Cum-d</i>                                      |                            | Town                             |  | County <i>Accery</i>               |        | MARYLAND |  |
| Date of death <i>1907</i>                                 | Month <i>March</i>         | Day <i>28</i>                    | Age <i>66</i>                                    | Years                              | Months | Days     |  |
| Sex <i>Female</i>   | Color or Race <i>White</i> |                                  | Birthplace <i>Cum-d</i>                          |                                    |        |          |  |
| Occupation  |                            |                                  | Where Residing if not at place of death <i>-</i> |                                    |        |          |  |
| Married, Single or Widowed <i>Widow</i>                   |                            | Name of Wife or Husband <i>-</i> |  |                                    |        |          |  |
| Father's Name <i>Don't Know</i>                           |                            |                                  |  | Father's Birthplace <i>-</i>       |        |          |  |
| Mother's Maiden Name <i>Don't Know</i>                    |                            |                                  |  | Mother's Birthplace <i>-</i>       |        |          |  |
| Name of person giving information <i>George W. Soyser</i> |                            |                                  |  | How related to deceased <i>Son</i> |        |          |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary <i>Gangrene</i>  | How long <i>2 wks</i>                            |
| Immediate <i>Exhaustion</i>  | How long   |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i> | Signature of Physician <i>Dr. Thos. McDonald</i> |
| <i>Stein</i>   | Address <i>Cum-d Md</i>                          |
| Accident or Suicide?   |  |



Name

in  
Full

Daniel C. Steckman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

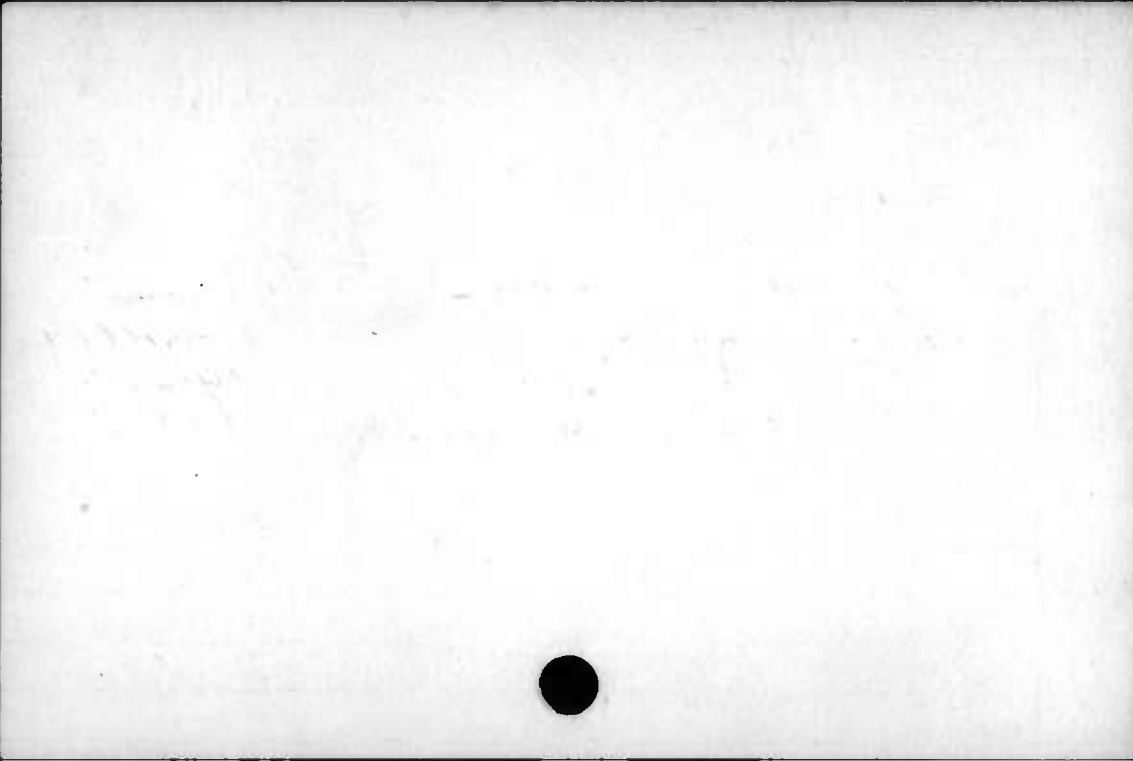
|   |           |                                   |   |                         |                |
|---|-----------|-----------------------------------|---|-------------------------|----------------|
| Died at <u>Timberland</u> <sup>Town</sup> |           | <u>Allegany</u> <sup>County</sup> |   | MARYLAND                |                |
| Date of death                             | 1907      | Month                             | 3-                                      | Day                     | 18-            |
| Age                                       |           | Years                             | 23-                                     | Months                  | -              |
| Sex                                       | Male      | Color or Race                     | White                                   | Birth-place             | Harpersburg Pa |
| Occupation                                | Breastman |                                   | Where Residing if not at place of death |                         |                |
| Married, <u>Single</u> or <u>Widowed</u>  |           | Name of Wife or Husband           |   |                         |                |
| Father's Name                             |           | G. N. Steckman                    |   | Father's Birthplace     |                |
| Mother's Maiden Name                      |           | Mary B. Rife                      |   | Mother's Birthplace     |                |
| Name of person giving information         |           | G. H. Steckman                    |   | How related to deceased |                |
|   |           |                                   |   | Father                  |                |

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

|  |                        |                        |       |
|--|------------------------|------------------------|-------|
| Primary  | _____                  | How long               | _____ |
| Immediate  | Accident on B & O R.R. | How long               | _____ |
| Are the name, age, sex, color, date and place correctly given above? |                        | Signature of Physician |       |
| Bulmer   |                        | G. H. Martz Coroner    |       |
| Accident or Suicide?   |                        | Address                |       |
| ✓  |                        | Timberland             |       |
|  |                        | Md.                    |       |





Name  
in  
Full

## CERTIFICATE OF DEATH

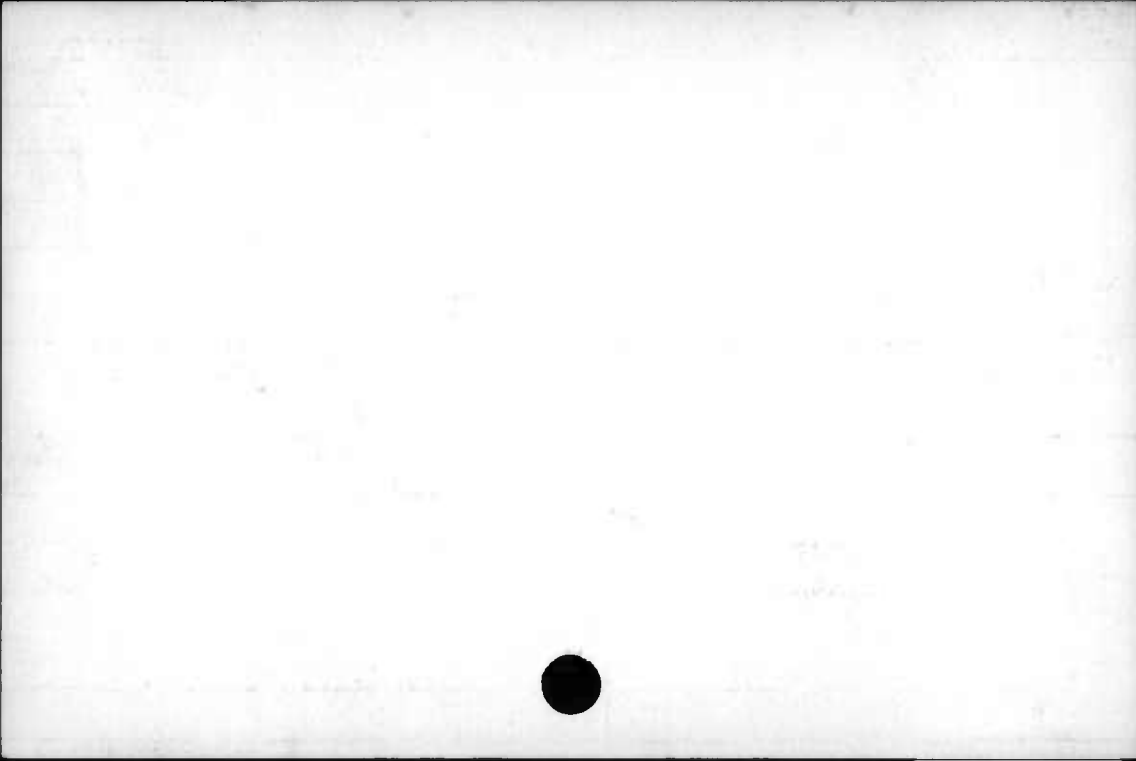
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |   |  |                            |  |                       |  |
|--|--|---|--|----------------------------|--|-----------------------|--|
| Name in Full <i>Leonard Stegmeier</i>                      |  | Town <i>Cumtola</i>                     |  | County <i>Allegheny</i>    |  | State <i>MARYLAND</i> |  |
| Died at <i>Cumtola</i>                                     |  | Date of death <i>1907</i>               |  | Month <i>March</i>         |  | Day <i>21</i>         |  |
| Age <i>18</i>  |  | Years <i>18</i>                         |  | Months <i>6</i>            |  | Days <i>20</i>        |  |
| Sex <i>Male</i>  |  | Color or Race <i>White</i>              |  | Birth-place <i>Cumtola</i> |  |                       |  |
| Occupation <i>Lawyer</i>                                   |  | Where Residing if not at place of death |  |                            |  |                       |  |
| Married, Single or Widowed <i>Single</i>                   |  | Name of Wife or Husband <i>—</i>        |  |                            |  |                       |  |
| Father's Name <i>Leonard Stegmeier Jr</i>                  |  | Father's Birthplace <i>Germany</i>      |  |                            |  |                       |  |
| Mother's Maiden Name <i>Bertinde Heck</i>                  |  | Mother's Birthplace <i>W. Va</i>        |  |                            |  |                       |  |
| Name of person giving information <i>Leonard Stegmeier</i> |  | How related to deceased <i>Father</i>   |  |                            |  |                       |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Typhoid fever</i>  | How long <i>10 days</i>                      |
| Immediate <i>Chancery</i>   | How long                                     |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Thos. H. Brown</i> |
| <i>Stim</i>   | Address <i>Cumtola, W. Va</i>                |
| Accident or Suicide?  |  |



Name  
in  
Full

## CERTIFICATE OF DEATH

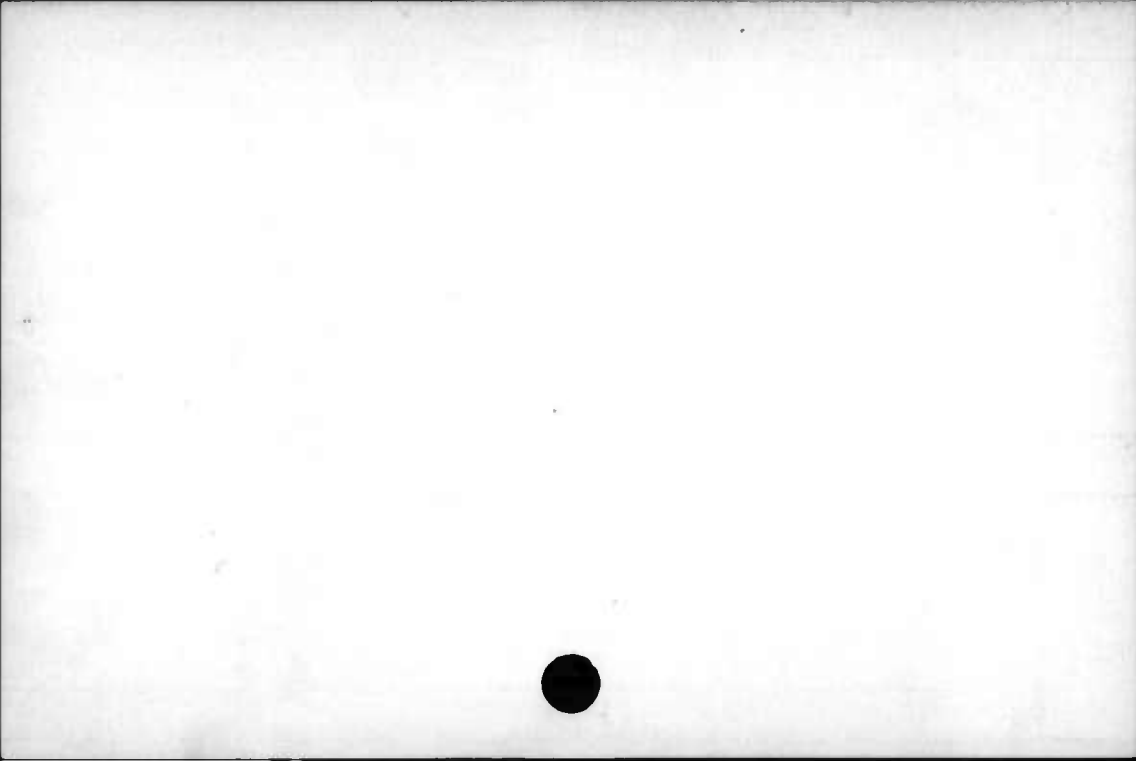
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |  |                              |                                |                                |                              |
|---|--|--|------------------------------|--------------------------------|--------------------------------|------------------------------|
| Died at <b>Ponacoming</b> <small>Town</small>             |  | <b>Allegheny</b> <small>County</small>                         |                              | <b>MARYLAND</b>                |                                |                              |
| Date of death <b>1907</b>                                 |  | <b>March</b> <small>Month</small>                              | <b>20</b> <small>Day</small> | <b>64</b> <small>Years</small> | <b>—</b> <small>Months</small> | <b>—</b> <small>Days</small> |
| Sex <b>Male</b>   |  | Color or Race <b>White</b>                                     |                              | Birthplace <b>Scotland</b>     |                                |                              |
| Occupation <b>Miner</b>                                   |  | Where Residing if not at place of death <b>—</b>               |                              |                                |                                |                              |
| Married, Single or Widowed <b>Married</b>                 |  | Name of Wife <del>—</del> <b>Elizabeth</b> <small>Wife</small> |                              |                                |                                |                              |
| Father's Name <b>Hugh Stevenson</b>                       |  | Father's Birthplace <b>Scotland</b>                            |                              |                                |                                |                              |
| Mother's Maiden Name <b>Unknown</b>                       |  | Mother's Birthplace <b>11</b>                                  |                              |                                |                                |                              |
| Name of person giving information <b>Andrew Stevenson</b> |  | How related to deceased <b>Son</b>                             |                              |                                |                                |                              |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |                           |   |                  |
|---|---------------------------|---|------------------|
| Primary   | <b>Chronic Bronchitis</b> | How long  | <b>Two years</b> |
| Immediate   | <b>Spasmodic Asthma</b>   | How long  | <b>24 hours</b>  |
| Are the name, age, sex, color, date and place correctly given above? <b>yes</b> |                           | Signature of Physician <b>W. A. Skilling M.D.</b> |                  |
|   |                           | Address <b>Ponacoming</b>                         |                  |
| Accident or Suicide? <b>No</b>  |                           |   |                  |



Name  
in  
Full

## CERTIFICATE OF DEATH

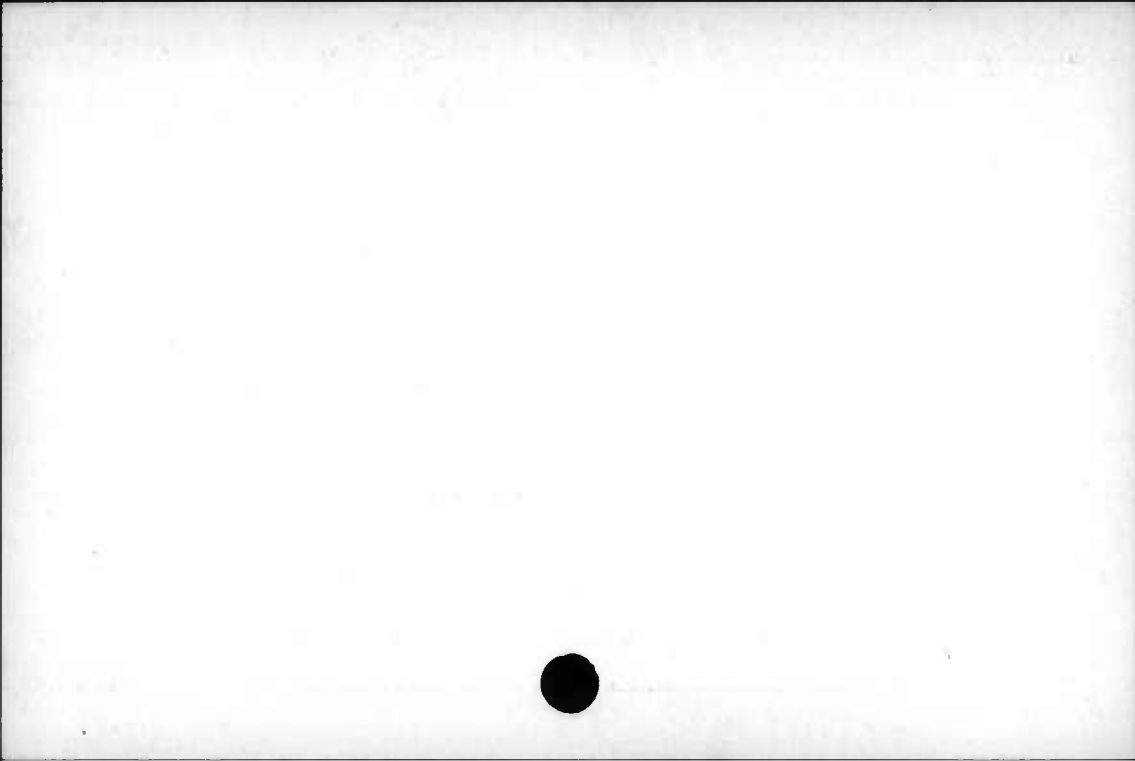
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |  |  |                                      |  |                  |  |                  |  |                   |  |                     |  |      |  |
|---|--|--|--|--------------------------------------|--|------------------|--|------------------|--|-------------------|--|---------------------|--|------|--|
| Name in Full<br><i>John L. Lasker</i>                       |  | Town<br><i>near Barton</i>               |  | County<br><i>Allegheny</i>           |  | MARYLAND         |  |                  |  |                   |  |                     |  |      |  |
| Died at<br><i>Barton</i>                                    |  | Date of death 190 <i>7</i>               |  | Month<br><i>Mar</i>                  |  | Day<br><i>30</i> |  | Age<br><i>14</i> |  | Years<br><i>3</i> |  | Months<br><i>12</i> |  | Days |  |
| Sex<br><i>Male</i>  |  | Color or Race<br><i>White</i>            |  | Birth-place<br><i>Garnett Co Kan</i> |  |                  |  |                  |  |                   |  |                     |  |      |  |
| Married, Single or Widowed<br><i>L</i>                      |  | Occupation<br><i>School boy</i>          |  |                                      |  |                  |  |                  |  |                   |  |                     |  |      |  |
| Name of Wife or Husband<br><i>L</i>                         |  |  |  |                                      |  |                  |  |                  |  |                   |  |                     |  |      |  |
| Father's Name<br><i>Lewis L. Lasker</i>                     |  | Father's Birthplace<br><i>Garnett Co</i> |  |                                      |  |                  |  |                  |  |                   |  |                     |  |      |  |
| Mother's Maiden Name<br><i>Columbia Harvey</i>              |  | Mother's Birthplace<br><i>Garnett</i>    |  |                                      |  |                  |  |                  |  |                   |  |                     |  |      |  |
| Name of person giving information<br><i>Lewis L. Lasker</i> |  | How related to deceased<br><i>Father</i> |  |                                      |  |                  |  |                  |  |                   |  |                     |  |      |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary<br><i>Diphtheria</i>   | How long<br><i>One week</i>                 |
| Immediate<br><i>Heart failure</i>  | How long<br><i>20 hours</i>                 |
| Are the name, age, sex, color, date and place correctly given above?<br><i>Yes</i> | Signature of Physician<br><i>A. Bouchon</i> |
|  | Address<br><i>Barton Ind</i>                |
| Accident or Suicide?   |   |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

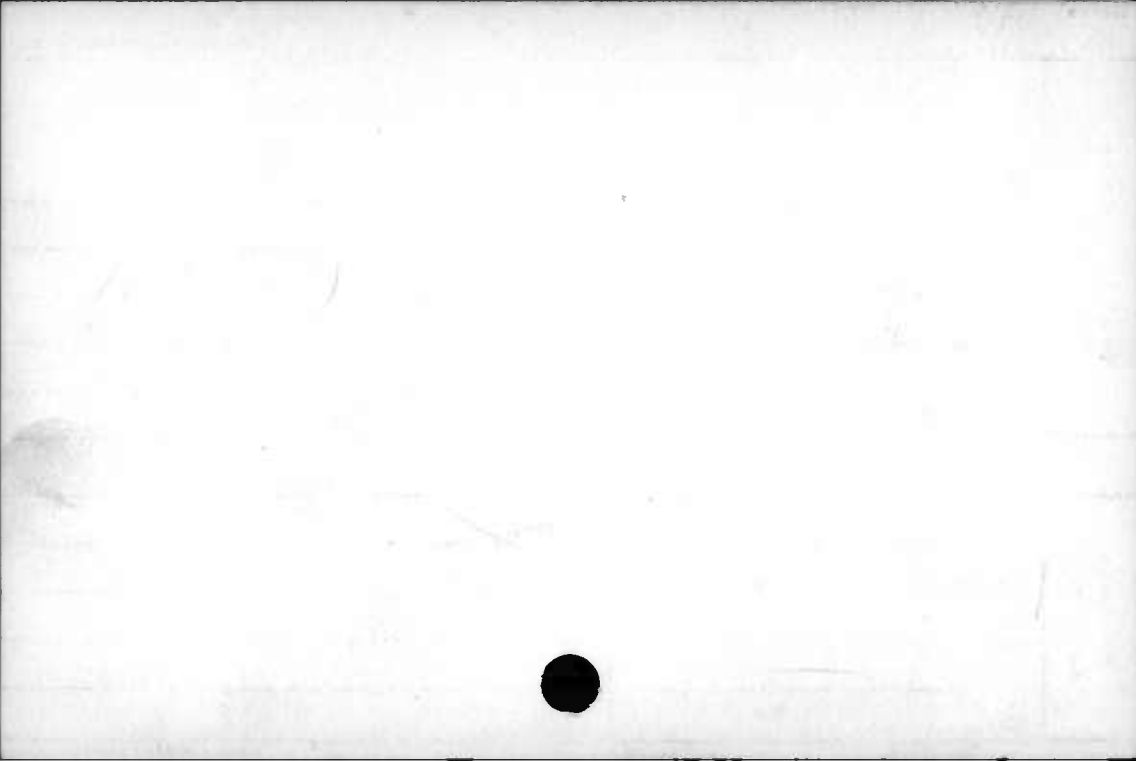
MARYLAND

|  |  |                 |                       |                        |                |
|--|--|-----------------|-----------------------|------------------------|----------------|
| Name in Full <i>Virginia Taylor</i>                    |  | Town <i>Cum</i> |                       | County <i>Allegany</i> |                |
| Died at <i>Cum</i>                                     |  |                 |                       |                        |                |
| Date of death <i>1907</i>                              | Month <i>Mar</i>                             | Day <i>26</i>   | Age <i>28</i>         | Years <i>28</i>        | Months <i></i> |
| Sex <i>Female</i>                                      | Color or Race <i>Colored</i>                 |                 | Birth-place <i>MD</i> |                        |                |
| Occupation <i>housewife</i>                            | Where Residing if not at place of death      |                 |                       |                        |                |
| Married, Single or Widowed <i>Married</i>              | Name of Wife or Husband <i>John H Taylor</i> |                 |                       |                        |                |
| Father's Name <i>J. Raymond</i>                        | Father's Birthplace <i>don't know</i>        |                 |                       |                        |                |
| Mother's Maiden Name <i>don't know</i>                 | Mother's Birthplace <i></i>                  |                 |                       |                        |                |
| Name of person giving information <i>John H Taylor</i> | How related to deceased <i>Husband</i>       |                 |                       |                        |                |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Peritonitis</i>  | How long <i>1 wk.</i>                             |
| Immediate <i>Exhaustion</i>   | How long <i></i>                                  |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Dr. Thos. Mc Donald</i> |
| <i>Heim.</i>  | Address <i>Cumtland Md.</i>                       |
| Accident or Suicide <i></i>   | <i>✓</i>  |





Name  
in  
Full

## CERTIFICATE OF DEATH

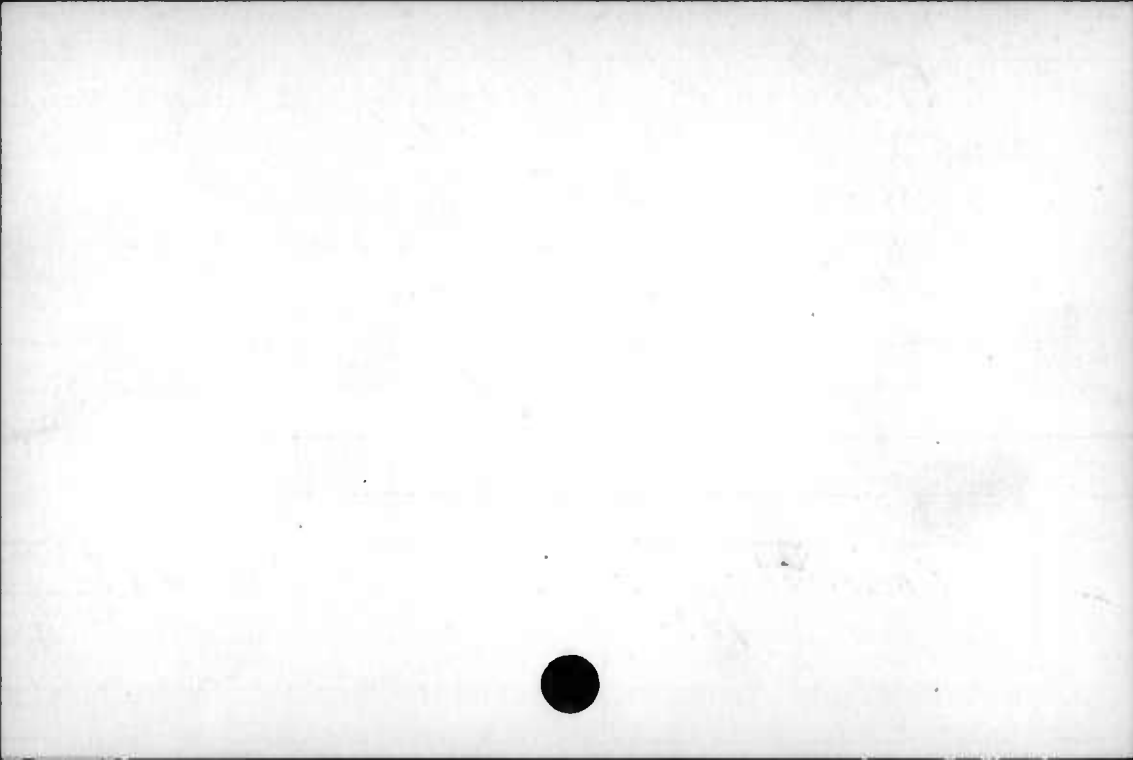
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |                         |                                 |               |                 |
|---|--|-------------------------|---------------------------------|---------------|-----------------|
| Died at <i>Chimborland</i>                |  | County <i>Allegheny</i> |                                 | MARYLAND      |                 |
| Date of death                             | 1907   | Month <i>3</i>          | Day <i>23</i>                   | Age <i>76</i> | Years <i>76</i> |
| Sex <i>Male</i>                           | Color or Race <i>White</i>                                 |                         | Birth-place <i>Imperial Md.</i> |               |                 |
| Occupation <i>Coach</i>                   | Where Residing if not at place of death <i>Chimborland</i> |                         |                                 |               |                 |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Anna D. Tilghman</i>            |                         |                                 |               |                 |
| Father's Name <i>Geo Tilghman</i>         | Father's Birthplace <i>Washington Co</i>                   |                         |                                 |               |                 |
| Mother's Maiden Name <i>Anna Lynn</i>     | Mother's Birthplace <i>Chimborland</i>                     |                         |                                 |               |                 |
| Name of person giving information         |  |                         | How related to deceased         |               |                 |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary   | How long  |
| Immediate <i>Accident on B. &amp; O.</i>  | How long <i>Immediate</i>                         |
| Are the name, age, sex, color, date and place correctly given above? <i>YES</i> | Signature of Physician <i>G. H. Mack, Coroner</i> |
|   | Address <i>Chimborland Md</i>                     |
| Accident or Suicide?  | <i>✓ 72 Independent St</i>                        |



Name  
in  
Full

Jean Keirs Warrick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Barton* Town *Alleghany* County

Date of death 190 *7* Month *Mar* Day *13* Age *47* Years Months *6* Days *17*

Sex *Female* Color or Race *white* Birth-place *Scotland*

Married, Single or Widowed *widowed* Occupation *HW*

Name of Wife or Husband *James Warrick*

Father's Name *John Keirs* Father's Birthplace *Scotland*

Mother's Maiden Name *Permett Morton* Mother's Birthplace *Scotland*

Name of person giving information *Sadie Warrick* How related to deceased *Daughter*

## CAUSES OF DEATH

56

PHYSICIAN  
OR CORONER

Primary *Chronic Alcoholism* How long *Months*

Immediate *Gastritis & heart failure* How long *74 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *S. A. Boucher*

Address *Barton*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

Herbert Nicholas Weber

Town

County

MARYLAND

Died at

Cumm

Alle

Date

1907

Month

Mar

Day

26

Years

Age

4

Months

Days

16

Sex

Male

Color or  
Race

White

Birth-  
place

Md

Occupation

none

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Joseph Weber

Father's  
Birthplace

Md

Mother's  
Maiden Name

Anna Gueck

Mother's  
Birthplace

Germany

Name of person giving  
In formation

Joseph Weber

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Measles

(6)

How long

1 wk

Immediate

Pneumonia

How long

3 wks

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Dr. J. J. Wilson

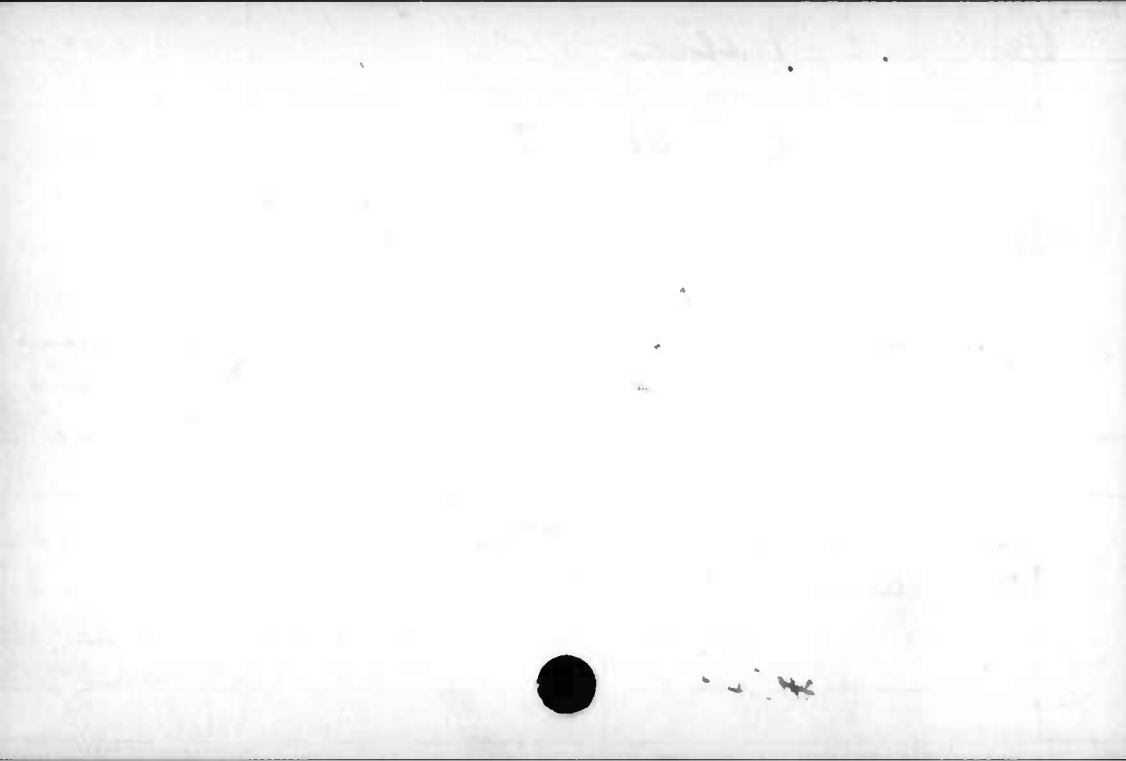
Address

Cumberland

Accident or Suicide?

Md

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

*Catharine F. Weise*

CERTIFICATE OF DEATH

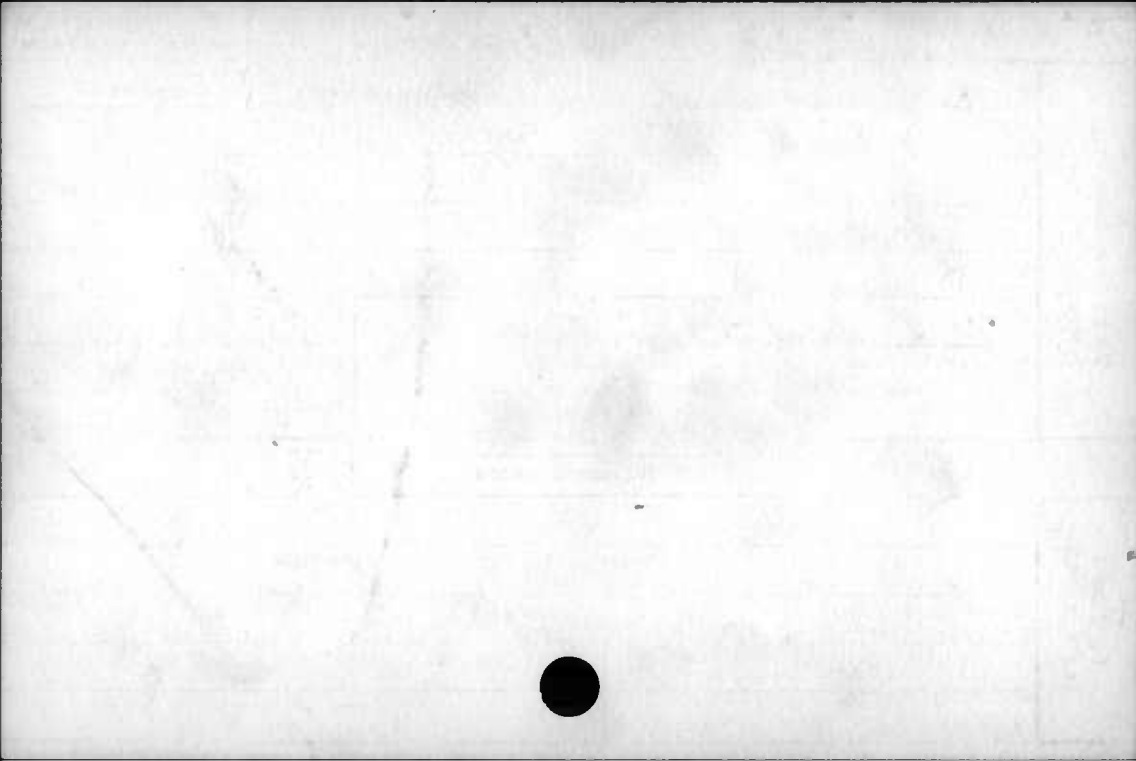
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                                |                     |
|--|--|--------------------------------|---------------------|
| Died at <i>Cumberland Md</i> <sup>Town</sup> <i>Allegheny Co</i> <sup>County</sup> |  | MARYLAND                       |                     |
| Date of death <i>1907</i>  | Month <i>Mar 31</i>  | Day <i>31</i>                  | Age <i>77</i> Years |
| Sex <i>Female</i>  | Color or Race <i>White</i>                                     | Birth-place <i>Martinsburg</i> |                     |
| Occupation <i>House wife</i>   | Where Residing if not at place of death <i>Cumberland, Md.</i> |                                |                     |
| Married, Single or Widowed <i>Widow</i>  | Name of Wife or Husband <i>J. E. Weise</i>                     |                                |                     |
| Father's Name <i>Joseph Snyder</i>   | Father's Birthplace <i>Shepherdstown</i>                       |                                |                     |
| Mother's Maiden Name <i>Cath. J. Snyder</i>  | Mother's Birthplace <i>Martinsburg</i>                         |                                |                     |
| Name of person giving information <i>S. B. Weise</i>                               | How related to deceased <i>Son</i>                             |                                |                     |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary <i>Paralysis</i>   | How long <i>20 hours</i>                     |
| Immediate <i>Heart Exhaustion</i>  | How long <i>20 hours.</i>                    |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i> | Signature of Physician <i>T. L. Barndoll</i> |
|  | Address <i>Cumberland Md.</i>                |
| Accident or Suicide?   |  |





Name  
in  
Full

Annie B Willison

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |   |  |   |          |  |
|---|---|--|---|----------|--|
| Died at <u>Cumtobland</u> <small>Town</small>   |   | <u>Alleghany</u> <small>County</small>                               |   | MARYLAND |  |
| Date of death <u>1907</u> <small>Month</small> <u>March</u> <small>Day</small> <u>21</u> <small>Years</small> <u>47</u> <small>Months</small> <u>      </u> <small>Days</small> <u>      </u> | Sex <u>Female</u> <small>Color or Race</small> <u>White</u>     |  | <small>Birth-place</small> <u>Bridges Springs</u> |          |  |
| Occupation <u>Housewife</u>   |   | <small>Where Residing if not at place of death</small> <u>      </u> |   |          |  |
| Married, Single or Widowed <u>Married</u>   | <small>Name of Wife or Husband</small> <u>Randolph Willison</u> |  |   |          |  |
| Father's Name <u>Chas Bendrick</u>  | <small>Father's Birthplace</small> <u>Germany</u>               |  |   |          |  |
| Mother's Maiden Name <u>Katherine Lamb</u>  | <small>Mother's Birthplace</small> <u>Hagerstown</u>            |  |   |          |  |
| <small>Name of person giving information</small> <u>Randolph Willison</u>   |   | <small>How related to deceased</small> <u>Husband</u>                |   |          |  |

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <u>Cancer of the</u>  | <small>How long</small> <u>several months</u>             |
| Immediate <u>Obdurate</u>   | <small>How long</small> <u>      </u>                     |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | <small>Signature of Physician</small> <u>N. N. Nelson</u> |
|   | <small>Address</small> <u>Cumtobland</u>                  |
| Accident or Suicide? <u>      </u>  | <u>      </u>   |

Pilley.